



CERTIFICATION OF TAXABLE VALUE

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DR-420
R. 5/12
Rule 12D-16.002
Florida Administrative Code
Effective 11/12


Year : 2015	County : BROWARD
Principal Authority : NORTH BROWARD HOSPITAL DIST	Taxing Authority : NORTH BROWARD HOSPITAL DIST

SECTION I : COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value of real property for operating purposes	\$	99,676,455,650	(1)
2.	Current year taxable value of personal property for operating purposes	\$	4,582,797,863	(2)
3.	Current year taxable value of centrally assessed property for operating purposes	\$	40,386,160	(3)
4.	Current year gross taxable value for operating purposes <i>(Line 1 plus Line 2 plus Line 3)</i>	\$	104,299,639,673	(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.)	\$	940,177,624	(5)
6.	Current year adjusted taxable value <i>(Line 4 minus Line 5)</i>	\$	103,359,462,049	(6)
7.	Prior year FINAL gross taxable value from prior year applicable Form DR-403 series	\$	96,529,741,215	(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 DR-420DEBT, <i>Certification of Voted Debt Millage</i> forms attached. If none, enter 0	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Number 0 (9)
Property Appraiser Certification		I certify the taxable values above are correct to the best of my knowledge.		
SIGN HERE	Signature of Property Appraiser:	Date :		
	Electronically Certified by Property Appraiser	6/29/2015 11:48 AM		

SECTION II : COMPLETED BY TAXING AUTHORITY

If this portion of the form is not completed in FULL your taxing authority will be denied TRIM certification and possibly lose its millage levy privilege for the tax year. If any line is not applicable, enter -0-.				
10.	Prior year operating millage levy <i>(If prior year millage was adjusted then use adjusted millage from Form DR-422)</i>	1.5939	per \$1,000	(10)
11.	Prior year ad valorem proceeds <i>(Line 7 multiplied by Line 10, divided by 1,000)</i>	\$	153,858,755	(11)
12.	Amount, if any, paid or applied in prior year as a consequence of an obligation measured by a dedicated increment value <i>(Sum of either Lines 6c or Line 7a for all DR-420TIF forms)</i>	\$	3,982,451	(12)
13.	Adjusted prior year ad valorem proceeds <i>(Line 11 minus Line 12)</i>	\$	149,876,304	(13)
14.	Dedicated increment value, if any <i>(Sum of either Line 6b or Line 7e for all DR-420TIF forms)</i>	\$	2,825,198,200	(14)
15.	Adjusted current year taxable value <i>(Line 6 minus Line 14)</i>	\$	100,534,263,849	(15)
16.	Current year rolled-back rate <i>(Line 13 divided by Line 15, multiplied by 1,000)</i>	1.4908	per \$1000	(16)
17.	Current year proposed operating millage rate	1.4908	per \$1000	(17)
18.	Total taxes to be levied at proposed millage rate <i>(Line 17 multiplied by Line 4, divided by 1,000)</i>	\$	155,489,903	(18)

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 checked="" 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. <i>(The sum of Line 13 from all DR-420 forms)</i>			\$ 149,876,304	(22)
23.	Current year aggregate rolled-back rate <i>(Line 22 divided by Line 15, multiplied by 1,000)</i>			1.4908 per \$1,000	(23)
24.	Current year aggregate rolled-back taxes <i>(Line 4 multiplied by Line 23, divided by 1,000)</i>			\$ 155,489,903	(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. <i>(The sum of Line 18 from all DR-420 forms)</i>			\$ 155,489,903	(25)
26.	Current year proposed aggregate millage rate <i>(Line 25 divided by Line 4, multiplied by 1,000)</i>			1.4908 per \$1,000	(26)
27.	Current year proposed rate as a percent change of rolled-back rate <i>(Line 26 divided by Line 23, minus 1, multiplied by 100)</i>			0.00 %	(27)
First public budget hearing		Date : 9/9/2015	Time : 5:30 PM	Place : Broward Health Medical Center in auditoriums	
S I G N H E R E	Taxing Authority Certification		I certify the millages and rates are correct to the best of my knowledge. The millages comply with the provisions of s. 200.065 and the provisions of either s. 200.071 or s. 200.081, F.S.		
	Signature of Chief Administrative Officer :			Date :	
	Electronically Certified by Taxing Authority			7/30/2015 4:28 PM	
	Title : ROBERT K. MARTIN, SR. VP/CFO		Contact Name and Contact Title : KATHERINE CAMERON, FINANCIAL SERVICES		
	Mailing Address : 1800 NW 49th Street		Physical Address : 1800 NW 49th Street		
	City, State, Zip : FT LAUDERDALE, FLORIDA 33309		Phone Number : 954/473-7012		Fax Number : 954/473-7009



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MAXIMUM MILLAGE LEVY CALCULATION PRELIMINARY DISCLOSURE

For municipal governments, counties, and special districts


DR-420MM-P

R. 5/12


Rule 12D-16.002

Florida Administrative Code

Effective 11/12

Year: 2015		County: BROWARD	
Principal Authority: NORTH BROWARD HOSPITAL DIST		Taxing Authority: NORTH BROWARD HOSPITAL DIST	
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 type="checkbox"/> No (1)
IF YES,  STOP HERE. SIGN AND SUBMIT. You are not subject to a millage limitation.			
2.	Current year rolled-back rate from Current Year Form DR-420, Line 16	1.4908	per \$1,000 (2)
3.	Prior year maximum millage rate with a majority vote from 2014 Form DR-420MM, Line 13	2.3159	per \$1,000 (3)
4.	Prior year operating millage rate from Current Year Form DR-420, Line 10	1.5939	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 Current Year Form DR-420, Line 7	\$ 96,529,741,215	(5)
6.	Prior year maximum ad valorem proceeds with majority vote (Line 3 multiplied by Line 5 divided by 1,000)	\$ 223,553,228	(6)
7.	Amount, if any, paid or applied in prior year as a consequence of an obligation measured by a dedicated increment value from Current Year Form DR-420 Line 12	\$ 3,982,451	(7)
8.	Adjusted prior year ad valorem proceeds with majority vote (Line 6 minus Line 7)	\$ 219,570,777	(8)
9.	Adjusted current year taxable value from Current Year form DR-420 Line 15	\$ 100,534,263,849	(9)
10.	Adjusted current year rolled-back rate (Line 8 divided by Line 9, multiplied by 1,000)	2.1840	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 else enter Line 2)	2.1840	per \$1,000 (11)
12.	Adjustment for change in per capita Florida personal income (See Line 12 Instructions)	1.0196	(12)
13.	Majority vote maximum millage rate allowed (Line 11 multiplied by Line 12)	2.2268	per \$1,000 (13)
14.	Two-thirds vote maximum millage rate allowed (Multiply Line 13 by 1.10)	2.4495	per \$1,000 (14)
15.	Current year proposed millage rate	1.4908	per \$1,000 (15)
16.	Minimum vote required to levy proposed millage: (Check one)		
<input checked="" type="checkbox"/>	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. <i>Enter Line 13 on Line 17.</i>		
<input type="checkbox"/>	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. <i>Enter Line 15 on Line 17.</i>		
<input type="checkbox"/>	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. <i>Enter Line 15 on Line 17.</i>		
<input type="checkbox"/>	d. Referendum: The maximum millage rate is equal to the proposed rate. <i>Enter Line 15 on Line 17.</i>		
17.	The selection on Line 16 allows a maximum millage rate of (Enter rate indicated by choice on Line 16)	2.2268	per \$1,000 (17)
18.	Current year gross taxable value from Current Year Form DR-420, Line 4	\$ 104,299,639,673	(18)

Continued on page 2

Taxing Authority : NORTH BROWARD HOSPITAL DIST		DR-420MM-P R. 5/12 Page 2	
19.	Current year proposed taxes <i>(Line 15 multiplied by Line 18, divided by 1,000)</i>	\$ 155,489,903	(19)
20.	Total taxes levied at the maximum millage rate <i>(Line 17 multiplied by Line 18, divided by 1,000)</i>	\$ 232,254,438	(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. <i>(The sum of all Lines 19 from each district's Form DR-420MM-P)</i>	\$ 0	(21)
22.	Total current year proposed taxes <i>(Line 19 plus Line 21)</i>	\$ 155,489,903	(22)
Total Maximum Taxes			
23.	Enter the taxes at the maximum millage of all dependent special districts & MSTUs levying a millage <i>(The sum of all Lines 20 from each district's Form DR-420MM-P)</i>	\$ 0	(23)
24.	Total taxes at maximum millage rate <i>(Line 20 plus Line 23)</i>	\$ 232,254,438	(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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	(25)
S I G N H E R E	Taxing Authority Certification		I certify the millages and rates are correct to the best of my knowledge. The millages comply with the provisions of s. 200.065 and the provisions of either s. 200.071 or s. 200.081, F.S.
	Signature of Chief Administrative Officer :		Date :
	Electronically Certified by Taxing Authority		7/30/2015 4:28 PM
	Title : ROBERT K. MARTIN, SR. VP/CFO	Contact Name and Contact Title : KATHERINE CAMERON, FINANCIAL SERVICES	
	Mailing Address : 1800 NW 49th Street	Physical Address : 1800 NW 49th Street	
	City, State, Zip : FT LAUDERDALE, FLORIDA 33309	Phone Number : 954/473-7012	Fax Number : 954/473-7009

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 Taxable Value.



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DR-420TIF

R. 6/10

Rule 12D-16.002

Florida Administrative Code

Effective 11/12

TAX INCREMENT ADJUSTMENT WORKSHEET

Year :	2015	County :	BROWARD
Principal Authority :	NORTH BROWARD HOSPITAL DIST	Taxing Authority :	NORTH BROWARD HOSPITAL DIST
Community Redevelopment Area :	Coral Springs	Base Year :	2002

SECTION I : COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$	103,302,450	(1)
2.	Base year taxable value in the tax increment area	\$	66,321,640	(2)
3.	Current year tax increment value <i>(Line 1 minus Line 2)</i>	\$	36,980,810	(3)
4.	Prior year Final taxable value in the tax increment area	\$	100,332,400	(4)
5.	Prior year tax increment value <i>(Line 4 minus Line 2)</i>	\$	34,010,760	(5)

SIGN HERE	Property Appraiser Certification	I certify the taxable values above are correct to the best of my knowledge.	
	Signature of Property Appraiser : Electronically Certified by Property Appraiser	Date : 6/29/2015 11:48 AM	

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.		95.00 %	(6a)
6b.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 6a)</i> <i>If value is zero or less than zero, then enter zero on Line 6b</i>	\$	35,131,770	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year	\$	55,997	(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	\$	0	(7a)
7b.	Prior year operating millage levy from Form DR-420, Line 10		0.0000 per \$1,000	(7b)
7c.	Taxes levied on prior year tax increment value <i>(Line 5 multiplied by Line 7b, divided by 1,000)</i>	\$	0	(7c)
7d.	Prior year payment as proportion of taxes levied on increment value <i>(Line 7a divided by Line 7c, multiplied by 100)</i>		0.00 %	(7d)
7e.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 7d)</i> <i>If value is zero or less than zero, then enter zero on Line 7e</i>	\$	0	(7e)

S I G N H E R E	Taxing Authority Certification	I certify the calculations, millages and rates are correct to the best of my knowledge.		
	Signature of Chief Administrative Officer :		Date :	
	Electronically Certified By Taxing Authority		7/30/2015 4:28 PM	
	Title : ROBERT K. MARTIN, SR. VP/CFO		Contact Name and Contact Title : KATHERINE CAMERON, FINANCIAL SERVICES	
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TAX INCREMENT ADJUSTMENT WORKSHEET

Year :	2015	County :	BROWARD
Principal Authority :	NORTH BROWARD HOSPITAL DIST	Taxing Authority :	NORTH BROWARD HOSPITAL DIST
Community Redevelopment Area :	Davie	Base Year :	1988

SECTION I : COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$	50,398,870	(1)
2.	Base year taxable value in the tax increment area	\$	15,487,800	(2)
3.	Current year tax increment value <i>(Line 1 minus Line 2)</i>	\$	34,911,070	(3)
4.	Prior year Final taxable value in the tax increment area	\$	48,548,250	(4)
5.	Prior year tax increment value <i>(Line 4 minus Line 2)</i>	\$	33,060,450	(5)

SIGN HERE	Property Appraiser Certification	I certify the taxable values above are correct to the best of my knowledge.	
	Signature of Property Appraiser : Electronically Certified by Property Appraiser	Date : 6/29/2015 11:48 AM	

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.		95.00 %	(6a)
6b.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 6a)</i> <i>If value is zero or less than zero, then enter zero on Line 6b</i>	\$	33,165,517	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year	\$	51,253	(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	\$	0	(7a)
7b.	Prior year operating millage levy from Form DR-420, Line 10		0.0000 per \$1,000	(7b)
7c.	Taxes levied on prior year tax increment value <i>(Line 5 multiplied by Line 7b, divided by 1,000)</i>	\$	0	(7c)
7d.	Prior year payment as proportion of taxes levied on increment value <i>(Line 7a divided by Line 7c, multiplied by 100)</i>		0.00 %	(7d)
7e.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 7d)</i> <i>If value is zero or less than zero, then enter zero on Line 7e</i>	\$	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 :	
	Electronically Certified By Taxing Authority		7/30/2015 4:28 PM	
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		954/473-7012	954/473-7009	



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TAX INCREMENT ADJUSTMENT WORKSHEET

Year :	2015	County :	BROWARD
Principal Authority :	NORTH BROWARD HOSPITAL DIST	Taxing Authority :	NORTH BROWARD HOSPITAL DIST
Community Redevelopment Area :	Deerfield Beach	Base Year :	1999

SECTION I : COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$	328,926,660	(1)
2.	Base year taxable value in the tax increment area	\$	110,827,830	(2)
3.	Current year tax increment value <i>(Line 1 minus Line 2)</i>	\$	218,098,830	(3)
4.	Prior year Final taxable value in the tax increment area	\$	315,384,410	(4)
5.	Prior year tax increment value <i>(Line 4 minus Line 2)</i>	\$	204,556,580	(5)

SIGN HERE	Property Appraiser Certification	I certify the taxable values above are correct to the best of my knowledge.	
	Signature of Property Appraiser : Electronically Certified by Property Appraiser	Date : 6/29/2015 11:48 AM	

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.	95.00 %	(6a)	
6b.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 6a)</i> <i>If value is zero or less than zero, then enter zero on Line 6b</i>	\$	207,193,889	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year	\$	309,741	(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	\$	0	(7a)
7b.	Prior year operating millage levy from Form DR-420, Line 10	0.0000	per \$1,000	(7b)
7c.	Taxes levied on prior year tax increment value <i>(Line 5 multiplied by Line 7b, divided by 1,000)</i>	\$	0	(7c)
7d.	Prior year payment as proportion of taxes levied on increment value <i>(Line 7a divided by Line 7c, multiplied by 100)</i>		0.00 %	(7d)
7e.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 7d)</i> <i>If value is zero or less than zero, then enter zero on Line 7e</i>	\$	0	(7e)

S I G N H E R E	Taxing Authority Certification	I certify the calculations, millages and rates are correct to the best of my knowledge.		
	Signature of Chief Administrative Officer :		Date :	
	Electronically Certified By Taxing Authority		7/30/2015 4:28 PM	
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TAX INCREMENT ADJUSTMENT WORKSHEET

Year :	2015	County :	BROWARD
Principal Authority :	NORTH BROWARD HOSPITAL DIST	Taxing Authority :	NORTH BROWARD HOSPITAL DIST
Community Redevelopment Area :	Fort Lauderdale	Base Year :	1989

SECTION I : COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$	791,599,560	(1)
2.	Base year taxable value in the tax increment area	\$	118,537,320	(2)
3.	Current year tax increment value <i>(Line 1 minus Line 2)</i>	\$	673,062,240	(3)
4.	Prior year Final taxable value in the tax increment area	\$	744,799,040	(4)
5.	Prior year tax increment value <i>(Line 4 minus Line 2)</i>	\$	626,261,720	(5)

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	Signature of Property Appraiser : Electronically Certified by Property Appraiser	Date : 6/29/2015 11:48 AM	

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.	95.00 %	(6a)	
6b.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 6a)</i> <i>If value is zero or less than zero, then enter zero on Line 6b</i>	\$ 639,409,128	(6b)	
6c.	Amount of payment to redevelopment trust fund in prior year	\$ 948,289	(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	\$ 0	(7a)	
7b.	Prior year operating millage levy from Form DR-420, Line 10	0.0000 per \$1,000	(7b)	
7c.	Taxes levied on prior year tax increment value <i>(Line 5 multiplied by Line 7b, divided by 1,000)</i>	\$ 0	(7c)	
7d.	Prior year payment as proportion of taxes levied on increment value <i>(Line 7a divided by Line 7c, multiplied by 100)</i>	0.00 %	(7d)	
7e.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 7d)</i> <i>If value is zero or less than zero, then enter zero on Line 7e</i>	\$ 0	(7e)	

S I G N H E R E	Taxing Authority Certification	I certify the calculations, millages and rates are correct to the best of my knowledge.		
	Signature of Chief Administrative Officer :		Date :	
	Electronically Certified By Taxing Authority		7/30/2015 4:28 PM	
	Title : ROBERT K. MARTIN, SR. VP/CFO		Contact Name and Contact Title : KATHERINE CAMERON, FINANCIAL SERVICES	
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TAX INCREMENT ADJUSTMENT WORKSHEET

Year :	2015	County :	BROWARD
Principal Authority :	NORTH BROWARD HOSPITAL DIST	Taxing Authority :	NORTH BROWARD HOSPITAL DIST
Community Redevelopment Area :	Lauderdale Lakes	Base Year :	2000

SECTION I : COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$	233,023,420	(1)
2.	Base year taxable value in the tax increment area	\$	127,159,990	(2)
3.	Current year tax increment value <i>(Line 1 minus Line 2)</i>	\$	105,863,430	(3)
4.	Prior year Final taxable value in the tax increment area	\$	222,822,270	(4)
5.	Prior year tax increment value <i>(Line 4 minus Line 2)</i>	\$	95,662,280	(5)

SIGN HERE	Property Appraiser Certification	I certify the taxable values above are correct to the best of my knowledge.	
	Signature of Property Appraiser : Electronically Certified by Property Appraiser	Date : 6/29/2015 11:48 AM	

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.		95.00 %	(6a)
6b.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 6a)</i> <i>If value is zero or less than zero, then enter zero on Line 6b</i>	\$	100,570,259	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year	\$	144,852	(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	\$	0	(7a)
7b.	Prior year operating millage levy from Form DR-420, Line 10		0.0000 per \$1,000	(7b)
7c.	Taxes levied on prior year tax increment value <i>(Line 5 multiplied by Line 7b, divided by 1,000)</i>	\$	0	(7c)
7d.	Prior year payment as proportion of taxes levied on increment value <i>(Line 7a divided by Line 7c, multiplied by 100)</i>		0.00 %	(7d)
7e.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 7d)</i> <i>If value is zero or less than zero, then enter zero on Line 7e</i>	\$	0	(7e)

S I G N H E R E	Taxing Authority Certification	I certify the calculations, millages and rates are correct to the best of my knowledge.		
	Signature of Chief Administrative Officer :		Date :	
	Electronically Certified By Taxing Authority		7/30/2015 4:28 PM	
	Title : ROBERT K. MARTIN, SR. VP/CFO		Contact Name and Contact Title : KATHERINE CAMERON, FINANCIAL SERVICES	
	Mailing Address : 1800 NW 49th Street		Physical Address : 1800 NW 49th Street	
City, State, Zip : FT LAUDERDALE, FLORIDA 33309		Phone Number : 954/473-7012	Fax Number : 954/473-7009	



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Florida Administrative Code

Effective 11/12

TAX INCREMENT ADJUSTMENT WORKSHEET

Year : 2015	County : BROWARD
Principal Authority : NORTH BROWARD HOSPITAL DIST	Taxing Authority : NORTH BROWARD HOSPITAL DIST
Community Redevelopment Area : Margate	Base Year : 1997

SECTION I : COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$	659,659,930	(1)
2.	Base year taxable value in the tax increment area	\$	306,827,250	(2)
3.	Current year tax increment value <i>(Line 1 minus Line 2)</i>	\$	352,832,680	(3)
4.	Prior year Final taxable value in the tax increment area	\$	637,993,110	(4)
5.	Prior year tax increment value <i>(Line 4 minus Line 2)</i>	\$	331,165,860	(5)

SIGN HERE	Property Appraiser Certification	I certify the taxable values above are correct to the best of my knowledge.	
	Signature of Property Appraiser : Electronically Certified by Property Appraiser	Date : 6/29/2015 11:48 AM	

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.		95.00 %	(6a)
6b.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 6a)</i> <i>If value is zero or less than zero, then enter zero on Line 6b</i>	\$	335,191,046	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year	\$	499,932	(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	\$	0	(7a)
7b.	Prior year operating millage levy from Form DR-420, Line 10		0.0000 per \$1,000	(7b)
7c.	Taxes levied on prior year tax increment value <i>(Line 5 multiplied by Line 7b, divided by 1,000)</i>	\$	0	(7c)
7d.	Prior year payment as proportion of taxes levied on increment value <i>(Line 7a divided by Line 7c, multiplied by 100)</i>		0.00 %	(7d)
7e.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 7d)</i> <i>If value is zero or less than zero, then enter zero on Line 7e</i>	\$	0	(7e)

S I G N H E R E	Taxing Authority Certification	I certify the calculations, millages and rates are correct to the best of my knowledge.		
	Signature of Chief Administrative Officer :		Date :	
	Electronically Certified By Taxing Authority		7/30/2015 4:28 PM	
	Title : ROBERT K. MARTIN, SR. VP/CFO		Contact Name and Contact Title : KATHERINE CAMERON, FINANCIAL SERVICES	
	Mailing Address : 1800 NW 49th Street		Physical Address : 1800 NW 49th Street	
City, State, Zip : FT LAUDERDALE, FLORIDA 33309		Phone Number : 954/473-7012	Fax Number : 954/473-7009	



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TAX INCREMENT ADJUSTMENT WORKSHEET

Year : 2015	County : BROWARD
Principal Authority : NORTH BROWARD HOSPITAL DIST	Taxing Authority : NORTH BROWARD HOSPITAL DIST
Community Redevelopment Area : Plantation	Base Year : 2000

SECTION I : COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$	221,947,900	(1)
2.	Base year taxable value in the tax increment area	\$	127,670,650	(2)
3.	Current year tax increment value <i>(Line 1 minus Line 2)</i>	\$	94,277,250	(3)
4.	Prior year Final taxable value in the tax increment area	\$	215,841,920	(4)
5.	Prior year tax increment value <i>(Line 4 minus Line 2)</i>	\$	88,171,270	(5)

SIGN HERE	Property Appraiser Certification	I certify the taxable values above are correct to the best of my knowledge.	
	Signature of Property Appraiser : Electronically Certified by Property Appraiser	Date : 6/29/2015 11:48 AM	

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.		95.00 %	(6a)
6b.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 6a)</i> <i>If value is zero or less than zero, then enter zero on Line 6b</i>	\$	89,563,388	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year	\$	133,509	(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	\$	0	(7a)
7b.	Prior year operating millage levy from Form DR-420, Line 10		0.0000 per \$1,000	(7b)
7c.	Taxes levied on prior year tax increment value <i>(Line 5 multiplied by Line 7b, divided by 1,000)</i>	\$	0	(7c)
7d.	Prior year payment as proportion of taxes levied on increment value <i>(Line 7a divided by Line 7c, multiplied by 100)</i>		0.00 %	(7d)
7e.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 7d)</i> <i>If value is zero or less than zero, then enter zero on Line 7e</i>	\$	0	(7e)

S I G N H E R E	Taxing Authority Certification	I certify the calculations, millages and rates are correct to the best of my knowledge.		
	Signature of Chief Administrative Officer :		Date :	
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TAX INCREMENT ADJUSTMENT WORKSHEET

Year :	2015	County :	BROWARD
Principal Authority :	NORTH BROWARD HOSPITAL DIST	Taxing Authority :	NORTH BROWARD HOSPITAL DIST
Community Redevelopment Area :	Pompano Beach East	Base Year :	2001

SECTION I : COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$	356,760,360	(1)
2.	Base year taxable value in the tax increment area	\$	136,427,940	(2)
3.	Current year tax increment value <i>(Line 1 minus Line 2)</i>	\$	220,332,420	(3)
4.	Prior year Final taxable value in the tax increment area	\$	333,214,320	(4)
5.	Prior year tax increment value <i>(Line 4 minus Line 2)</i>	\$	196,786,380	(5)

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	Signature of Property Appraiser : Electronically Certified by Property Appraiser	Date : 6/29/2015 11:48 AM	

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.	95.00	%	(6a)
6b.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 6a)</i> <i>If value is zero or less than zero, then enter zero on Line 6b</i>	\$	209,315,799	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year	\$	296,847	(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	\$	0	(7a)
7b.	Prior year operating millage levy from Form DR-420, Line 10	0.0000	per \$1,000	(7b)
7c.	Taxes levied on prior year tax increment value <i>(Line 5 multiplied by Line 7b, divided by 1,000)</i>	\$	0	(7c)
7d.	Prior year payment as proportion of taxes levied on increment value <i>(Line 7a divided by Line 7c, multiplied by 100)</i>		0.00	% (7d)
7e.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 7d)</i> <i>If value is zero or less than zero, then enter zero on Line 7e</i>	\$	0	(7e)

S I G N H E R E	Taxing Authority Certification	I certify the calculations, millages and rates are correct to the best of my knowledge.		
	Signature of Chief Administrative Officer :		Date :	
	Electronically Certified By Taxing Authority		7/30/2015 4:28 PM	
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TAX INCREMENT ADJUSTMENT WORKSHEET

Year :	2015	County :	BROWARD
Principal Authority :	NORTH BROWARD HOSPITAL DIST	Taxing Authority :	NORTH BROWARD HOSPITAL DIST
Community Redevelopment Area :	Pompano Beach West	Base Year :	1989

SECTION I : COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$	851,044,950	(1)
2.	Base year taxable value in the tax increment area	\$	297,388,021	(2)
3.	Current year tax increment value <i>(Line 1 minus Line 2)</i>	\$	553,656,929	(3)
4.	Prior year Final taxable value in the tax increment area	\$	806,319,700	(4)
5.	Prior year tax increment value <i>(Line 4 minus Line 2)</i>	\$	508,931,679	(5)

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	Signature of Property Appraiser : Electronically Certified by Property Appraiser	Date : 6/29/2015 11:48 AM	

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.	95.00 %	(6a)	
6b.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 6a)</i> <i>If value is zero or less than zero, then enter zero on Line 6b</i>	\$ 525,974,083	(6b)	
6c.	Amount of payment to redevelopment trust fund in prior year	\$ 767,193	(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	\$ 0	(7a)	
7b.	Prior year operating millage levy from Form DR-420, Line 10	0.0000 per \$1,000	(7b)	
7c.	Taxes levied on prior year tax increment value <i>(Line 5 multiplied by Line 7b, divided by 1,000)</i>	\$ 0	(7c)	
7d.	Prior year payment as proportion of taxes levied on increment value <i>(Line 7a divided by Line 7c, multiplied by 100)</i>	0.00 %	(7d)	
7e.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 7d)</i> <i>If value is zero or less than zero, then enter zero on Line 7e</i>	\$ 0	(7e)	

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TAX INCREMENT ADJUSTMENT WORKSHEET

Year : 2015	County : BROWARD
Principal Authority : NORTH BROWARD HOSPITAL DIST	Taxing Authority : NORTH BROWARD HOSPITAL DIST
Community Redevelopment Area : Progreso	Base Year : 1995

SECTION I : COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$	892,137,830	(1)
2.	Base year taxable value in the tax increment area	\$	208,260,650	(2)
3.	Current year tax increment value <i>(Line 1 minus Line 2)</i>	\$	683,877,180	(3)
4.	Prior year Final taxable value in the tax increment area	\$	719,973,640	(4)
5.	Prior year tax increment value <i>(Line 4 minus Line 2)</i>	\$	511,712,990	(5)

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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.		95.00 %	(6a)
6b.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 6a)</i> <i>If value is zero or less than zero, then enter zero on Line 6b</i>	\$	649,683,321	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year	\$	774,838	(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	\$	0	(7a)
7b.	Prior year operating millage levy from Form DR-420, Line 10		0.0000 per \$1,000	(7b)
7c.	Taxes levied on prior year tax increment value <i>(Line 5 multiplied by Line 7b, divided by 1,000)</i>	\$	0	(7c)
7d.	Prior year payment as proportion of taxes levied on increment value <i>(Line 7a divided by Line 7c, multiplied by 100)</i>		0.00 %	(7d)
7e.	Dedicated increment value <i>(Line 3 multiplied by the percentage on Line 7d)</i> <i>If value is zero or less than zero, then enter zero on Line 7e</i>	\$	0	(7e)

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