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Part IIISTatement of Program Service Accomplishments

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

1Briefly describe the organization’s mission

THE MISSION OF JUPITER MEDICAL CENTER IS TO DELIVER EXCELLENT AND COMPASSIONATE HEALTHCARE ADVANCING THE WELL-BEING OF THE PEOPLE WE SERVE, REGARDLESS OF THEIR ABILITY TO PAY CERTAIN SERVICES ARE PROVIDED AT A LOSS OR AT NO PAYMENT THROUGH THE HOSPITAL'S CHARITY CARE, MEDICARE AND MEDICAID PROGRAMS

2Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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

3Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If "Yes," describe these changes on Schedule O

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

4a

(Code) (Expenses \$ 128,940,622 including grants of \$) (Revenue \$ 187,463,227)

JUPITER MEDICAL CENTER, INC OFFERS NUMEROUS SERVICES TO BENEFIT THE COMMUNITY, INCLUDING CARDIOPULMONARY REHABILITATION, THE ELLA MILBANK FOSHAY CANCER CENTER, GI LAB, SLEEP DISORDERS CENTER, OUTPATIENT LAB, HEALTH AND REHABILITATION CENTER, THE KRISTIN HOKE BREAST PROGRAM INCLUDING THE MARGARET W NIEDLAND BREAST CENTER, OBSTETRICS, WOUND CARE, OUTPATIENT IMAGING, AND VASCULAR LAB THE MEDICAL CENTER ALSO OFFERS A SURGICAL WEIGHT LOSS PROGRAM, CARDIOLOGY SERVICES, PEDIATRIC THERAPY, OUTPATIENT REHABILITATION, PAIN MANAGEMENT AND RESPIRATORY SERVICES (CONTINUED ON SCHEDULE O)

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)










4dOther program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4eTotal program service expenses

128,940,622

Part IV Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	235	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	1,742	
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		Yes	
3b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>		Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			No
4b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			No
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			No
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
7a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			No
7b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			No
7d If "Yes," indicate the number of Forms 8282 filed during the year.			
7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			No
7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			No
7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
9a Did the organization make any taxable distributions under section 4966?			
9b Did the organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter			
10a Initiation fees and capital contributions included on Part VIII, line 12.			
10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			
11 Section 501(c)(12) organizations. Enter			
11a Gross income from members or shareholders.			
11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			
13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			
13c Enter the amount of reserves on hand.			
14a Did the organization receive any payments for indoor tanning services during the tax year?			No
14b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O.</i>			

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	15	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	15	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶DALE HOCKING 1210 SOUTH OLD DIXIE HIGHWAY JUPITER, FL 33458 (561) 263-2234

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOSEPH TADDEO VICE CHAIRMAN	10 00 6 00	X		X				0	0	0
(2) MARK L CORRY MD SECRETARY	10 00 0	X		X				0	0	0
(3) PAUL CHIAPPARONE CHAIRMAN	10 00 1 00	X		X				0	0	0
(4) DEE PEREZ TRUSTEE	5 00 0	X						0	0	0
(5) DOUGLAS BROWN TRUSTEE	5 00 1 00	X						0	0	0
(6) HERBERT BAUM TRUSTEE	5 00 1 00	X						0	0	0
(7) JACK WATERMAN DO TRUSTEE	5 00 0	X						0	0	0
(8) JAMES MULLEN MD TRUSTEE	5 00 0	X						0	0	0
(9) JENNIFER DOSS TRUSTEE	5 00 0	X						0	0	0
(10) KAREN GOLONKA TRUSTEE	5 00 0	X						0	0	0
(11) MARTIN DYTRYCH CPA TRUSTEE	5 00 0	X						0	0	0
(12) R NEILL BORLAND MD TRUSTEE	5 00 0	X						0	0	0
(13) ROBERT STILLEY Trustee	5 00 0	X						0	0	0
(14) RYAN SIMOVITCH MD TRUSTEE	5 00 0	X						0	0	0
(15) S BARRIE GODOWN CPA TRUSTEE	5 00 0	X						0	0	0
(16) BETSY HEARTFIELD VP LONG TERM CARE & PAVILION ADMINISTRATOR	5 00 40 00			X				0	178,020	16,567
(17) DALE HOCKING VP FINANCE & CFO	40 00 8 00			X				319,321	0	49,012

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN D COURIS PRESIDENT & CEO	40 00 12 00			X				690,169	0	146,912
(19) KELLY SULLIVAN VP AND GENERAL COUNSEL	40 00 0			X				160,648	0	14,745
(20) MICHAEL J FEHR VP CIO	40 00 0			X				260,064	0	39,529
(21) PAULA ZALUCKI VP of Physician Services - Partial Year	5 00 40 00			X				155,647	0	16,415
(22) PETER GLOGGNER VP HUMAN RESOURCES	40 00 0			X				226,086	0	24,537
(23) STACEY BRANDT VP OF MARKETING	40 00 0			X				159,224	0	0
(24) STEVEN SEELEY VP CNO	40 00 0			X				284,895	0	29,155
(25) TERESA WENTZ VP CAO AND ADMIN SERV	40 00 2 00			X				262,649	0	16,172
(26) AMY ABBOTT Director of Oncology	40 00 0					X		134,958	0	33,850
(27) ENDURANCE ONORI PHARMACIST	40 00 0					X		141,649	0	25,832
(28) PEDRO MENDEZ-CORREA PHYSICIST	40 00 0					X		189,262	0	39,202
(29) SHERRI LEWMAN Vice President Service Line Development	40 00 1 00					X		144,315	0	34,681
(30) THOMAS A DAVIS DIRECTOR PHARMACY	40 00 0					X		170,003	0	17,091
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,298,890	178,020	503,700
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶53									

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

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	
(A) Name and business address	(B) Description of services	(C) Compensation
HASKELL COMPANY 111 RIVERSIDE AVE JACKSONVILLE FL 32202	CONSTRUCTION GENERAL CONTRACTOR	10,644,073
SODEXO INC & AFFILIATES PO BOX 536922 ATLANTA GA 30353	OUTSOURCED SUPPORT SERVICES	1,937,790
ANDERSON MOORE CONSTRUCTION 1568 WATERTOWER RD LAKE PARK FL 33403	CONSTRUCTION RENOVATIONS	975,674
BCC FINANCIAL MANAGEMENT SERVICES INC 3230 W COMMERCIAL BLVDSTE 190 FT LAUDERDALE FL 33309	COLLECTION SERVICES	472,785
CHASE TRANSCRIPTIONS INC 5685 HUDSON INDUSTRIAL PKWYSTE ONE HUDSON OH 44236	TRANSCRIPT SERVICE	435,867
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶17	

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	4,140,616			
	e	Government grants (contributions)	1e	16,197			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		4,156,813			
Program Service Revenue	2a	PATIENT SERVICE REVENUE	Business Code 900099	182,981,337	182,981,337		
	b	CLINIC SERVICES	621110	918,878	918,878		
	c	MEDICAID/MEDICARE INCENTIVE PAYMENTS	900099	1,549,106	1,549,106		
	d			0			
	e			0			
	f	All other program service revenue		0	0	0	
	g	Total. Add lines 2a-2f		185,449,321			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		339,106		339,106
4		Income from investment of tax-exempt bond proceeds . .		0			
5		Royalties		0			
6a		(i) Real					
		1,140,578					
		(ii) Personal					
b		Less rental expenses		377,816			
c		Rental income or (loss)		762,762	0		
d		Net rental income or (loss)		762,762			762,762
7a		(i) Securities					
		(ii) Other					
		2,520,657					
b		Less cost or other basis and sales expenses					
c		Gain or (loss)		0	2,520,657		
d		Net gain or (loss)		2,520,657			2,520,657
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
a							
b	Less direct expenses						
c	Net income or (loss) from fundraising events . .		0				
9a	Gross income from gaming activities See Part IV, line 19						
a							
b	Less direct expenses						
c	Net income or (loss) from gaming activities . .		0				
10a	Gross sales of inventory, less returns and allowances						
a							
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . .		0				
Miscellaneous Revenue			Business Code				
11a	PARTNERSHIP SHARE OF INCOME - JOSCS		621400	1,039,804	1,039,804		
b	CAFETERIA		722100	260,036		260,036	
c	SPECIALTY PROGRAMS		900099	156,556	156,556		
d	All other revenue			817,546	468,399	349,147	
e	Total. Add lines 11a-11d			2,273,942			
12	Total revenue. See Instructions			195,502,601	187,114,080	349,147	
						3,882,561	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	2,582,590		2,582,590	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages.	64,730,763	45,353,641	19,377,122	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	1,649,067	1,165,890	483,177	
9	Other employee benefits.	5,605,451	3,963,054	1,642,397	
10	Payroll taxes.	4,561,758	3,225,163	1,336,595	
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	1,306,465		1,306,465	
c	Accounting.	267,740		267,740	
d	Lobbying.	135,296		135,296	
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	251,040		251,040	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	17,051,032	2,728,165	14,322,867	0
12	Advertising and promotion.	959,954		959,954	
13	Office expenses.	580,539	572,385	8,154	
14	Information technology.	3,519,081		3,519,081	
15	Royalties.	0			
16	Occupancy.	5,910,709		5,910,709	
17	Travel.	201,514	32,228	169,286	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	0			
20	Interest.	1,486,226	1,486,226		
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	11,939,891	11,939,891		
23	Insurance.	3,314,348		3,314,348	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	MEDICAL AND OTHER SUPPLIES	42,702,075	42,702,075		
b	FOOD AND NUTRITION	1,995,553	1,995,553		
c	PROVISION FOR BAD DEBT	11,470,069	11,470,069		
d	INDIGENT CARE ASSESSMENT	2,024,537	2,024,537		
e	All other expenses	1,761,702	281,745	1,479,957	0
25	Total functional expenses. Add lines 1 through 24e.	186,007,400	128,940,622	57,066,778	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	0			

Part X

Balance Sheet

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

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing			1		
	2	Savings and temporary cash investments		10,213,536	2	16,494,981	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		26,778,229	4	26,067,528	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0	
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		3,809,399	8	4,428,355	
	9	Prepaid expenses and deferred charges		2,467,249	9	2,768,754	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	247,168,162			
	b	Less accumulated depreciation	10b	128,277,683	96,817,890	10c	118,890,479
	11	Investments—publicly traded securities		50,958,189	11	28,712,322	
	12	Investments—other securities See Part IV, line 11		0	12	0	
	13	Investments—program-related See Part IV, line 11		10,370,895	13	9,796,113	
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11		7,431,131	15	11,975,112	
16	Total assets. Add lines 1 through 15 (must equal line 34)		208,846,518	16	219,133,644		
Liabilities	17	Accounts payable and accrued expenses		21,490,119	17	23,813,627	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		74,913,931	20	72,330,736	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		10,142,022	23	4,948,806	
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		12,516,538	25	18,705,023	
	26	Total liabilities. Add lines 17 through 25		119,062,610	26	119,798,192	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		89,783,908	27	99,335,452	
	28	Temporarily restricted net assets			28		
	29	Permanently restricted net assets			29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
	33	Total net assets or fund balances		89,783,908	33	99,335,452	
	34	Total liabilities and net assets/fund balances		208,846,518	34	219,133,644	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	195,502,601
2	Total expenses (must equal Part IX, column (A), line 25)	2	186,007,400
3	Revenue less expenses Subtract line 2 from line 1	3	9,495,201
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	89,783,908
5	Net unrealized gains (losses) on investments	5	22,944
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	33,399
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	99,335,452

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization JUPITER MEDICAL CENTER INC	Employer identification number 59-1460239
--------------------------------------------------------	----------------------------------------------

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2012 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2012 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17		
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶			

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation	
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SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

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2013

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization JUPITER MEDICAL CENTER INC	Employer identification number 59-1460239
--------------------------------------------------------	----------------------------------------------

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	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		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
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														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)	(b)	
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		135,296
j	Total. Add lines 1c through 1i.			135,296
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Schedule C, Part II-B, Line 1, Description of the activities reported on Lines 1a through 1i	THE ORGANIZATION PAYS DUES TO PROFESSIONAL ORGANIZATIONS AND MEMBERSHIP ASSOCIATIONS, SUCH AS THE AMERICAN HOSPITAL ASSOCIATION. A PORTION OF DUES ARE IDENTIFIED BY THESE ORGANIZATIONS AS HAVING BEEN SPENT ON LOBBYING ACTIVITIES. IN ADDITION TWO FIRMS HIRED AS REPRESENTATIVES OF JMC WERE RETAINED.

[illegible]

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990.** ▶ **See separate instructions.** ▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
JUPITER MEDICAL CENTER INC

Employer identification number
59-1460239

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4

Number of states where property subject to conservation easement is located ▶ _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2013

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

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

☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	24,898,039	22,016,947	18,277,283	17,532,381	11,034,876
b Contributions	4,000,000	443,511		993,800	5,243,570
c Net investment earnings, gains, and losses	2,004,347	2,437,581	3,739,664	-244,774	1,253,935
d Grants or scholarships					0
e Other expenditures for facilities and programs	23,657,835			4,124	0
f Administrative expenses					0
g End of year balance	7,244,551	24,898,039	22,016,947	18,277,283	17,532,381

2

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

a

Board designated or quasi-endowment

0 %

b

Permanent endowment

45 500 %

c

Temporarily restricted endowment

54 500 %

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

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

b

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

3b

Yes

4

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,622,080		8,622,080
b Buildings		82,432,181	43,131,484	39,300,697
c Leasehold improvements		4,068,388	2,882,882	1,185,506
d Equipment		107,417,917	81,335,715	26,082,202
e Other		44,627,596	927,602	43,699,994
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				118,890,479

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

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

Part XIII

Supplemental Information

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

Return Reference	Explanation
Schedule D, Part V, Line 4, Intended uses of endowment funds	ENDOWMENT FUNDS ARE HELD BY JUPITER MEDICAL CENTER FOUNDATION, INC (A RELATED ORGANIZATION) THE FUNDS ARE HELD TO SUPPORT HEALTHCARE SERVICES FOR THOSE IN GREATEST NEED AND FOR FUTURE PHYSICAL PLANT AND EQUIPMENT EXPENDITURES TO EXPAND SERVICES OFFERED THE FUNDS ARE INTENDED TO SUPPORT THE PROGRAMS AND MISSION OF JUPITER MEDICAL CENTER, INC AND JUPITER MEDICAL CENTER PAVILION, INC
Schedule D, Part X, Line 2, FIN 48 (ASC 740) footnote	JUPITER MEDICAL CENTER INC IS INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS BELOW IS THE TEXT OF THE FIN 48 FOOTNOTE FROM THOSE FINANCIAL STATEMENTS THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE HOSPITAL, THE PAVILION, THE FOUNDATION, AND THE PHYSICIAN GROUP ARE EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) JMC SPECIALTY GROUP, INC IS A TAXABLE CORPORATION THAT FILES FEDERAL AND FLORIDA INCOME TAX RETURNS INCOME TAXES RELATED TO JMC SPECIALTY GROUP, INC IS NOT MATERIAL TO THE CENTER INCOME EARNED IN FURTHERANCE OF THE CENTER'S TAX-EXEMPT PURPOSE IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES THE IRC PROVIDES FOR TAXATION OF UNRELATED BUSINESS INCOME UNDER CERTAIN CIRCUMSTANCES THE CENTER HAS NO MATERIAL UNRELATED BUSINESS INCOME, HOWEVER, SUCH STATUS IS SUBJECT TO FINAL DETERMINATION UPON EXAMINATION OF THE RELATED INCOME TAX RETURNS BY THE APPROPRIATE TAXING AUTHORITY UNDER ASC, SUBTOPIC 740, INCOME TAXES, THE CENTER MUST RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS "MORE-LIKELY-THAN-NOT" THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE APPLICABLE TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION THE TAX BENEFITS RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT ASC, SUBTOPIC 740-10, ALSO PROVIDES GUIDANCE OF DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES AND ACCOUNTING IN INTERIM PERIODS AND REQUIRES INCREASED DISCLOSURE THERE WERE NO UNCERTAIN TAX POSITIONS IDENTIFIED AS OF SEPTEMBER 30, 2014 AND 2013 THE CENTER DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT TWELVE MONTHS TAX RETURNS FILED BY THE CENTER ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS) UP TO THREE YEARS FROM THE DATE THE RETURN WAS FILED THE CENTER RECOGNIZES INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE THE CENTER DID NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES AT SEPTEMBER 30, 2014 AND 2013 TAX RETURNS FILED BY THE CENTER AND ITS AFFILIATED COMPANIES ARE NO LONGER SUBJECT TO EXAMINATION FOR THE YEARS ENDED SEPTEMBER 30, 2010 AND PRIOR

[illegible]

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
► Attach to Form 990. ► See separate instructions.
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
JUPITER MEDICAL CENTER INC

Employer identification number
59-1460239

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			3,610,340	0	3,610,340	2 070 %
b Medicaid (from Worksheet 3, column a)			7,511,373	2,912,898	4,598,475	2 630 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			1,293,796	319,668	974,128	0 560 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	12,415,509	3,232,566	9,182,943	5 260 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			47,128	0	47,128	0 030 %
f Health professions education (from Worksheet 5)			0	0	0	0 %
g Subsidized health services (from Worksheet 6)			71,188	0	71,188	0 040 %
h Research (from Worksheet 7)			216,574	80,577	135,997	0 080 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			53,939	0	53,939	0 030 %
j Total Other Benefits	0	0	388,829	80,577	308,252	0 180 %
k Total . Add lines 7d and 7j	0	0	12,804,338	3,313,143	9,491,195	5 440 %

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

Section A. Bad Debt Expense			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	11,470,069	
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	0	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			
Section B. Medicare				
5	Enter total revenue received from Medicare (including DSH and IME)	5	92,805,432	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	109,668,640	
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-16,863,208	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.			
<input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other				
Section C. Collection Practices				
9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 JUPITER OUTPATIENT SURGERY CENTER LLC	OUTPATIENT SURGERY CENTER	60.5 %	0 %	39.5 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
1

Name, address, primary website address, and state license number

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

JUPITER MEDICAL CENTER

Name of hospital facility or facility reporting group

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A)

1

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	1 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3 Yes	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	No
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>http //www.jupitermed.com/jmc-community-benefit</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7 Yes	
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a	No
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	Yes
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care 200% If "No," explain in Part VI the criteria the hospital facility used	10	Yes
11	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care 400% If "No," explain in Part VI the criteria the hospital facility used	11	Yes
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12	Yes
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13	Yes
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14	Yes
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input type="checkbox"/> Other (describe in Part VI)		
Billing and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15	Yes
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V

Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** ☒ Notified individuals of the financial assistance policy on admission

b ☐ Notified individuals of the financial assistance policy prior to discharge

c ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills

d ☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy

e ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	19	Yes	
If "No," indicate why			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d <input type="checkbox"/> Other (describe in Part VI)			

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d <input checked="" type="checkbox"/> Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	21		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	22		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

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

[illegible]

Part V

Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **8**

Name and address		Type of Facility (describe)
1	JUPITER MEDICAL CENTER BLOOD GAS 1210 South Old Dixie Highway JUPITER, FL 33458	CLINICAL LABORATORY
2	JUPITER OUTPATIENT SURGERY CENTER 2055 Military Trail Suite 100 JUPITER, FL 33458	AMBULATORY SURGICAL CENTER
3	JUPITER MED CENTER CLINICAL LABORATORY 1210 South Old Dixie Highway JUPITER, FL 33458	CLINICAL LABORATORY
4	THE MARGARET W NIEDLAND BREAST CENTER 2111 Military Trail Suite 100 JUPITER, FL 33458	BREAST CENTER
5	JUPITER MEDICAL CENTER OUTPATIENT IMAGING CENTER 2011 Military Trail Suite 105 JUPITER, FL 33458	IMAGING CENTER
6	NIEDLAND BREAST SCREENING CENTER 11310 Legacy Place Suite 110 PALM BEACH GARDENS, FL 33410	SCREENING CENTER
7	THE ELLA MILBANK FOSHAY CANCER CENTER 1240 S Old Dixie Hwy JUPITER, FL 33458	CANCER CENTER
8	THE SLEEP CENTER 1025 N Military Trail Suite 210 JUPITER, FL 33458	SLEEP CENTER
9		
10		

Part VI

Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
Schedule H, Part I, Line 7, Costing Methodology used to calculate financial assistance	THE HOSPITAL UTILIZED THE COST TO CHARGE RATIO FOR THE INFORMATION IN PART I, LINE 7

Form and Line Reference	Explanation
Schedule H, Part I, Line 7, col(f), Bad Debt Expense excluded from financial assistance calculation	11,470,069

Form and Line Reference	Explanation
Schedule H, Part III, Line 2, Bad debt expense - methodology used to estimate amount	THE AMOUNT REPORTED AS BAD DEBT EXPENSE MATCHES THE BAD DEBT EXPENSE AT GROSS CHARGES AS REPORTED IN THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS, WHICH ARE PREPARED ACCORDING TO GAAP

Form and Line Reference	Explanation
Schedule H, Part III, Line 3, Bad Debt Expense Methodology	THE ORGANIZATION DOESN'T BELIEVE THAT IT CAN ESTIMATE THE PORTION OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE THE ORGANIZATION USES A PRESUMPTIVE ELIGIBILITY POLICY TO DETERMINE PATIENTS WHO MAY QUALIFY FOR FINANCIAL ASSISTANCE USING MEANS-TESTED METHODOLOGY AND RECORDS THOSE UNCOLLECTIBLE ACCOUNTS IN CHARITY CARE THE REMAINING ACCOUNTS IN BAD DEBT EXPENSE ARE PATIENTS BELIEVED TO HAVE BEEN INELIGIBLE FOR FINANCIAL ASSISTANCE

Form and Line Reference	Explanation
Schedule H, Part III, Line 4, Bad debt expense - financial statement footnote	<p>JUPITER MEDICAL CENTER, INC IS INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS BELOW IS THE TEXT OF FOOTNOTE REGARDING BAD DEBT EXPENSE THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED COLLECTIONS OF ACCOUNTS RECEIVABLE CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS ACCOUNTS RECEIVABLE ARE WRITTEN OFF AND CHARGED TO THE PROVISION FOR BAD DEBTS AFTER COLLECTION EFFORTS HAVE BEEN MADE IN ACCORDANCE WITH THE CENTER'S POLICIES RECOVERIES ARE TREATED AS A REDUCTION TO THE PROVISION FOR PATIENT BAD DEBTS ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS PERIODICALLY, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY MAJOR PAYOR CATEGORY DATA ABOUT THE MAJOR PAYOR SOURCES OF REVENUE IS ANALYZED TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES AND PROVISION FOR PATIENT BAD DEBTS FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, CONTRACTUALLY DUE AMOUNTS ARE ANALYZED AND COMPARED TO ACTUAL CASH COLLECTED OVER TIME TO ENHANCE THE QUALITY OF THE ESTIMATE OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND THE PROVISION FOR PATIENT BAD DEBTS (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID, OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY) FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), AN ALLOWANCE FOR DOUBTFUL ACCOUNTS IS RECORDED ON THE BASIS OF HISTORICAL EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE AN ESTIMATE OF THE DIFFERENCE BETWEEN CONTRACTED RATES AND AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED, IS CHARGED TO THE PROVISION FOR PATIENT BAD DEBTS AND CREDITED TO THE ALLOWANCE FOR DOUBTFUL ACCOUNTS</p>

Form and Line Reference	Explanation
Schedule H, Part III, Line 8, Community benefit & methodology for determining medicare costs	JUPITER MEDICAL CENTER, INC UTILIZES THE MEDICARE COST REPORT TO REPORT THE TOTAL REVENUE RECEIVED FROM MEDICARE AND THE MEDICARE ALLOWABLE COSTS JUPITER MEDICAL CENTER, INC PROVIDES SERVICES UNDER GOVERNMENTAL PROGRAMS AS A COMMUNITY BENEFIT AND AS PART OF ITS MISSION, IN MANY CASES, THIS RESULTS IN ACCEPTING PAYMENT FOR THOSE SERVICES AT LESS THAN COST FOR THIS REASON THE ORGANIZATION BELIEVES THE SHORTFALL ON MEDICARE SERVICES SHOULD BE CONSIDERED COMMUNITY BENEFIT

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b, Collection practices for patients eligible for financial assistance	JUPITER MEDICAL CENTER HAS A COLLECTIONS POLICY WHICH IS FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE, WHICH INCLUDES REVIEW OF TRADITIONAL CHARITY CARE INFORMATION, INCLUDING SUBMITTED TAX RETURNS, SOURCES OF INCOME, AVAILABLE CREDIT AND OTHER DEMOGRAPHIC INFORMATION IN ADDITION TO OUR TRADITIONAL CHARITY CARE METHODOLOGY, JMC HAS INSTITUTED A CHARITY CARE POLICY WHICH ALLOWS FOR A FULL WRITE OFF OF ACCOUNT BALANCES WITHOUT A PATIENT APPLICATION FOR CARE BASED UPON REVIEW OF AVAILABLE CONSUMER CREDIT SCORES AND CERTAIN DEMOGRAPHIC INFORMATION GATHERED AT THE TIME OF REGISTRATION ALL COLLECTION ACTIVITY CEASES ON CHARITY CARE PATIENT ENCOUNTERS

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2, Needs assessment	<p>JUPITER MEDICAL CENTER COMPLETED A COMMUNITY HEALTH NEEDS ASSESSMENT - AS REQUIRED BY IRC SECTION 501(R) IN THE YEAR ENDED SEPTEMBER 30, 2013 JUPITER MEDICAL CENTER SERVES A DIVERSE COMMUNITY DEFINED PRIMARILY BY FOUR ZIP CODES AND SECONDARILY BY FIVE ZIP CODES, WITHIN PALM BEACH AND MARTIN COUNTIES THE COMMUNITY SERVED CONTINUES TO GROW AND INCLUDES MOSTLY SENIORS AGES 45-64 AS A RESULT OF THE FEEDBACK RECEIVED WHILE CONDUCTING THE COMMUNITY HEALTH NEEDS ASSESSMENT, JMC HAS IDENTIFIED THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY TO BE CANCER, CARDIAC WELLNESS, AND ACCESS TO HEALTH CARE TO ADDRESS THE IMPORTANCE OF CANCER TREATMENT AND PREVENTION IN THE COMMUNITY, JMC IDENTIFIED A NEED FOR BETTER COORDINATION OF CANCER CARE FOR AT RISK PATIENTS, AS WELL AS A NEED FOR AN ACADEMIC CANCER PROGRAM IN THE COMMUNITY JMC'S ELLA MILBANK FOSHAY CANCER CENTER IS ACCREDITED BY THE COMMISSION ON CANCER AS A COMPREHENSIVE COMMUNITY CANCER PROGRAM, AN ACCREDITATION ONLY 25% OF CANCER PROGRAMS HOLD IN THE UNITED STATES THIS CENTER ALONG WITH JMC'S FOSHAY CANCER CENTER, WHICH IS ACCREDITED BY THE AMERICAN COLLEGE OF RADIOLOGY, WILL WORK TO SERVE THE NEED FOR CANCER TREATMENT IN THE COMMUNITY JMC'S RADIOLOGY DEPARTMENT PROVIDES NON-INVASIVE, DIAGNOSTIC CARDIAC PROCEDURES, AND ALSO HAS A CARDIAC CATHETERIZATION LAB WHICH PROVIDES SERVICES THAT DON'T INCLUDE INVASIVE OR INTERVENTIONAL CARDIAC PROCEDURES JUPITER WILL WORK TO CREATE CARDIAC WELLNESS PROGRAMS THAT REDUCE CARDIOVASCULAR RISK AND IMPROVE THE QUALITY OF LIFE OF PATIENTS JMC, THE TOWN OF JUPITER, PALM BEACH COUNTY HEALTH DEPARTMENT AND EL SOL (JUPITER'S NEIGHBORHOOD RESOURCE CENTER), OPENED THE JUPITER VOLUNTEER CLINIC THE CLINIC WAS ESTABLISHED, ALONG WITH INPUT FROM THE FLORIDA PUBLIC HEALTH INSTITUTE, IN RESPONSE TO THE GROWING NUMBER OF UNINSURED/UNDERINSURED INDIVIDUALS LIVING IN THE JUPITER AREA, WHO HAVE LIMITED ACCESS TO HEALTH CARE IN ADDITION, JUPITER MEDICAL CENTER ACQUIRED A MEDICAL SCREENING VEHICLE IN 2012 CALLED THE "WELLNESS IN MOTION" VAN EQUIPPED WITH DIGITAL MAMMOGRAPHY, BONE DENSITY SCREENING, BLOOD DRAWS, PATIENT EDUCATION AND OUTREACH THIS MOBILE PROGRAM CAN REACH POPULATIONS WHO MAY NOT HAVE ACCESS TO HEALTH CARE PROGRAMS DUE TO TRANSPORTATION CHALLENGES OR OTHER BARRIERS TO ACCESS</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3, Patient education of eligibility for assistance	WHEN JUPITER MEDICAL CENTER REGISTERS A PATIENT, INSURANCE/GUARANTOR INFORMATION IS SOUGHT IF A PATIENT DOES NOT HAVE INSURANCE, JMC EMPLOYS FINANCIAL COUNSELORS WHO ARE TRAINED IN HELPING PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE FEDERAL, HILL-BURTON PROGRAM, STATE OF FLORIDA MEDICAID ASSISTANCE, LOCAL PALM BEACH COUNTY HEALTH DISTRICT CARE ALONG WITH ADVISING ON CHARITY CARE UNDER JMC'S FINANCIAL ASSISTANCE POLICIES, AMONG OTHERS FINANCIAL COUNSELORS ADVISE THE PATIENT ON COMPLETION OF PAPERWORK NECESSARY TO RECEIVE ASSISTANCE IN ADDITION, JMC HAS PARTNERED WITH A FINANCING INSTITUTION TO PROVIDE PATIENTS OF ADDITIONAL MEANS THE ABILITY TO FINANCE PATIENT CARE AT A 0% INTEREST RATE PROVIDED THAT PAYMENTS ARE MADE OVER A 12 MONTH PERIOD

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4, Community Information	<p>ACCORDING TO INTELLIMED 2013 ESTIMATES, THE TOTAL POPULATION FOR JUPITER MEDICAL CENTER'S PRIMARY AND SECONDARY SERVICE AREA IS APPROXIMATELY 212,094. 92% OF THE POPULATION WITHIN THE PRIMARY SERVICE AREA IS WHITE. AFRICAN AMERICANS COMPRISE 2.1% OF THE POPULATION. 79% OF PRIMARY SERVICE AREA POPULATION IS UNDER THE AGE 64. INDIVIDUALS OVER 65 YEARS OF AGE ACCOUNT FOR 21% OF THE POPULATION. ALMOST 64% OF THE HOUSEHOLDS IN JUPITER ARE FAMILY HOUSEHOLDS. OF THOSE, 50% ARE MARRIED COUPLES AND 20% OF THOSE HAVE CHILDREN UNDER 18 LIVING IN THEM. JUPITER HAS 8.3% OF ITS HOUSEHOLDS HEADED BY FEMALES WITH NO HUSBAND. THE DATA FOR THE SURROUNDING ZIP CODES THAT COMPRISE JUPITER MEDICAL CENTER'S SERVICE AREA IS SIMILAR AS FEMALES HEAD 7.4% OF THE HOUSEHOLDS AND 4.4% OF THOSE HAVE CHILDREN UNDER THE AGE OF 18 LIVING IN THEM. 43% OF FAMILIES IN JUPITER AND ITS SURROUNDING ZIP CODES HAVE GRANDPARENTS LIVING IN THE HOME THAT ARE RESPONSIBLE FOR THEIR OWN GRANDCHILDREN. 89% OF JUPITER RESIDENTS ARE HIGH SCHOOL GRADUATES AND 32% HAVE A BACHELOR'S DEGREE OR HIGHER. ONLY 4% OF THE POPULATION HAVE LESS THAN A NINTH GRADE EDUCATION AND ONLY 6.6% HAVE ATTENDED HIGH SCHOOL BUT NOT RECEIVED A DIPLOMA. NEARLY 6% OF ALL PEOPLE LIVING IN JUPITER HAVE INCOME LEVELS BELOW THE FEDERAL POVERTY LEVEL IN 2011. 10.3% OF THE JUPITER POPULATION WAS LIVING AT OR BELOW 200% OF THE FEDERAL POVERTY LEVEL IN 2005. 4% OF FAMILIES ARE LIVING BELOW THE POVERTY LEVEL AND 1.8% OF THOSE FAMILIES HAVE CHILDREN UNDER THE AGE OF 5. IN 2011, THE MEDIAN INCOME FOR JUPITER PRIMARY SERVICE AREA FAMILIES IS BETWEEN \$100,000 AND \$150,000. 56% OF HOUSES WITH MORTGAGES IN JUPITER HAVE MONTHLY OWNER COSTS OF \$2,000 OR MORE, THE GROSS RENT AS A PERCENTAGE OF HOUSEHOLD INCOME (GRAPI) IS STEEP, AND 35% OF THOSE WHO RENT IN JUPITER PAY 35% OR MORE OF THEIR MONTHLY INCOME ON RENT. OF THE POPULATION AGES 21-64, 17% HAVE A DISABILITY AND OF THOSE, 68.3% OF THEM ARE EMPLOYED. 6% OF THE POPULATION AGES 5-19 HAVE A DISABILITY. A TARGET POPULATION OF POTENTIAL USERS OF A FEDERALLY QUALIFIED HEALTH CARE CENTER DOES EXIST IN JUPITER. THESE USERS ARE COMPRISED OF THE 10.3% OF THE POPULATION WHICH IS LIVING AT OR BELOW 200% OF THE FEDERAL POVERTY LEVEL, FEMALE-HEADED HOUSEHOLDS WITH CHILDREN EARNING 15.6% LESS THAN THEIR MALE COUNTERPARTS, THE 25% OF THE SCHOOL-AGED CHILDREN THAT ARE ELIGIBLE FOR FREE AND REDUCED LUNCHESES, NON-ENGLISH SPEAKING DAY LABORERS AND THE 10,000 NON-INSURED AND MEDICAID PATIENTS UTILIZING THE JUPITER MEDICAL CENTER FOR PRIMARY CARE SERVICES. THE COMMUNITY HAS THIRTEEN OTHER HOSPITALS TO CHOOSE FROM IN PALM BEACH COUNTY.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5, Promotion of community health	JMC'S GOVERNING BODY IS COMPRISED OF LAY PERSONS AND PHYSICIANS WHO RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA WHO ARE NEITHER EMPLOYEES NOR CONTRACTORS, NOR FAMILY MEMBERS THEREOF JMC EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY FOR SOME OR ALL OF ITS SERVICE LINES TO THE EXTENT THAT JMC HAS SURPLUS FUNDS, JMC CONSTANTLY LOOKS AT COMMUNITY NEEDS IN ORDER TO DETERMINE WHAT SERVICE LINE SHOULD BE EXPANDED AND EQUIPMENT REINVESTMENTS SHOULD BE MADE TO BETTER SERVE OUR PRIMARY SERVICE AREA THE ORGANIZATION OFFERS MEDICAL EDUCATION TO THE COMMUNITY AND HAS SEVERAL ONGOING MEDICAL RESEARCH STUDIES

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6, Affiliated health care system	JUPITER MEDICAL CENTER, INC IS AN AFFILIATE OF JUPITER MEDICAL CENTER PAVILION, INC AND JUPITER MEDICAL CENTER PHYSICIANS GROUP, INC TOGETHER WITH JUPITER MEDICAL CENTER FOUNDATION, INC , THE ORGANIZATION IS FOCUSED ON PROVIDING HIGH QUALITY, COMMUNITY CENTERED HEALTHCARE IN A COST-EFFECTIVE AND COMPASSIONATE MANNER AS A NON-PROFIT ORGANIZATION, WE RECOGNIZE RESPONSIBILITY FOR THE HEALTH OF OUR COMMUNITY TOGETHER, THESE ORGANIZATIONS PROVIDE A CONTINUUM OF CARE TO THE COMMUNITY FROM PRIMARY CARE OF PATIENTS THROUGH TO HOSPITAL AND ANCILLARY CARE SERVICES, LONG-TERM, RESIDENTIAL AND REHABILITATION CARE WE CONSTANTLY REVIEW THE HEALTHCARE NEEDS OF OUR COMMUNITY IN ORDER TO ENSURE THE ORGANIZATION IS RESPONDING TO AND MEETING THE NEEDS OF THE COMMUNITY

Additional Data

Software ID: 13000248
Software Version: 2013v3.1
EIN: 59-1460239
Name: JUPITER MEDICAL CENTER INC

990 Schedule H, Supplemental Information

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Schedule H, Part V Sec B, Line 3, Community Served by Needs Assessment	
Schedule H, Part V Sec B, Line 20d, How amounts charged to FAP-eligible patients were determined	(1) - JUPITER MEDICAL CENTER JMC'S FINANCIAL ASSISTANCE POLICY HAS BEEN ESTABLISHED TO ENSURE A FAIR AND EQUITABLE SYSTEM FOR DETERMINING FINANCIAL NEED GENERAL GUIDELINES ARE ESTABLISHED, ALLOWING FOR EVALUATION OF UNIQUE FINANCIAL CIRCUMSTANCES A PATIENT MAY BE DETERMINED ELIGIBLE FOR FINANCIAL ASSISTANCE (EITHER FREE OR DISCOUNTED CARE) WHEN THE ANNUAL INDIVIDUAL OR FAMILY INCOME DOES NOT EXCEED 400% OF US DEPARTMENT OF HEALTH & HUMAN SERVICES FEDERAL POVERTY GUIDELINES AS PUBLISHED ANNUALLY IN THE FEDERAL REGISTER INCOME AND ASSETS WILL BE CONSIDERED IN ASSESSING JMC FINANCIAL ASSISTANCE BUT MAY NOT BE THE SOLE DETERMINING FACTOR AMONG OTHER ELEMENTS TO BE CONSIDERED ARE TEMPORARY FACTORS SUCH AS SHORT-TERM EMPLOYMENT LAYOFF, UNEMPLOYMENT, DISABILITY OR OTHER DEMONSTRATED HARDSHIP AN EVALUATION OF AVAILABLE ASSETS WILL BE NECESSARY TO DETERMINE ELIGIBILITY FOR JMC FINANCIAL ASSISTANCE IF ASSETS EXIST TO PAY THE DEBT, FINANCIAL ASSISTANCE MAY BE DENIED SIZE OF BILL IN RELATION TO INCOME AND ASSETS MAY BE A QUALIFYING FACTOR IN DETERMINING FINANCIAL ASSISTANCE PROVIDED A TOTAL ANNUAL HOUSEHOLD INCOME LESS THAN OR EQUAL TO 200% OF THE FEDERAL POVERTY GUIDELINES WILL ENTITLE THE PATIENT TO A 100% DISCOUNT B TOTAL ANNUAL HOUSEHOLD INCOME OVER 200% BUT NOT GREATER THAN 400% OF THE FEDERAL POVERTY GUIDELINES WILL ENTITLE THE PATIENT TO A GRADUATED DISCOUNT OF UP TO 75% C REGARDLESS OF THE APPLICABLE WRITE OFF DETERMINED ABOVE, THE PATIENT'S RESPONSIBILITY WILL NOT EXCEED 25% OF HIS/HER TOTAL ANNUAL HOUSEHOLD INCOME THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY OUTLINES THE MAXIMUM AMOUNT THAT WILL BE CHARGED TO FAP-ELIGIBLE PATIENTS IS CALCULATED USING THE PROSPECTIVE MEDICARE METHOD TO DETERMINE THE AMOUNTS GENERALLY BILLED TO THOSE WHO HAVE INSURANCE ,

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
JUPITER MEDICAL CENTER INC

Employer identification number
59-1460239

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div>	Yes	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	Yes	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	Yes	
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	Yes	
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		No
<div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		No
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div>	Yes	
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 1a, Health or social club dues or initiation fees	THE PRESIDENT/CEO RECEIVES THE BENEFIT OF A GOLF CLUB MEMBERSHIP WHICH IS PAID BY THE ORGANIZATION. THE MEMBERSHIP IS USED FOR PERSONAL AND BUSINESS PURPOSES, BUT IT IS TREATED AS TAXABLE COMPENSATION TO THE INDIVIDUAL.
Schedule J, Part I, Line 4a, Severance or change-of-control payment	PAULA ZALUCKI RECEIVED SEVERANCE OF \$28,151 AND MICHAEL FEHR RECEIVED \$101,377 IN 2013.
Schedule J, Part I, Line 4b, Supplemental nonqualified retirement plan	JOHN COURIS WILL RECEIVE A RETENTION BONUS IF HE REMAINS CONTINUOUSLY EMPLOYED OVER FIVE YEARS. THE PORTION OF THIS BONUS THAT IS INCLUDED IN NONTAXABLE COMPENSATION FOR 2013 IS \$92,000. THE SAME ARRANGEMENT WAS EXTENDED TO DALE HOCKING, STEVE SEELEY, AND PETER GLOGGNER. THE NONTAXABLE COMPENSATION FOR 2013 IS \$10,086, \$9,461 AND \$7,241 RESPECTIVELY.
Schedule J, Part I, Line 7, Non-fixed payments	SOME OF THE INTERESTED PERSONS RECEIVED PERFORMANCE BONUSES THAT WERE NOT BASED ON A FIXED FORMULA.

Additional Data

Software ID: 13000248
Software Version: 2013v3.1
EIN: 59-1460239
Name: JUPITER MEDICAL CENTER INC

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JOHN D COURIS PRESIDENT & CEO	(i)	468,357	213,000	8,812	114,718	32,194	837,081	0
	(ii)	0	0	0	0	0	0	0
DALE HOCKING VP FINANCE & CFO	(i)	245,382	62,978	10,961	16,994	32,018	368,333	0
	(ii)	0	0	0	0	0	0	0
BETSY HEARTFIELD VP LONG TERM CARE & PAVILION ADMINISTRATOR	(i)	0	0	0	0	0	0	0
	(ii)	146,338	31,368	314	6,993	9,574	194,587	0
MICHAEL J FEHR VP CIO	(i)	137,975	19,921	102,168	7,013	32,516	299,593	0
	(ii)	0	0	0	0	0	0	0
TERESA WENTZ VP CAO AND ADMIN SERV	(i)	227,193	34,894	562	7,048	9,124	278,821	0
	(ii)	0	0	0	0	0	0	0
STEVEN SEELEY VP CNO	(i)	242,651	42,194	50	20,031	9,124	314,050	0
	(ii)	0	0	0	0	0	0	0
PETER GLOGGNER VP HUMAN RESOURCES	(i)	189,433	36,603	50	15,336	9,201	250,623	0
	(ii)	0	0	0	0	0	0	0
STACEY BRANDT VP OF MARKETING	(i)	121,936	37,238	50	0	0	159,224	0
	(ii)	0	0	0	0	0	0	0
KELLY SULLIVAN VP AND GENERAL COUNSEL	(i)	144,064	16,559	25	0	14,745	175,393	0
	(ii)	0	0	0	0	0	0	0
PAULA ZALUCKI VP OF PHYSICIAN SERVICES - PARTIAL YEAR	(i)	108,653	18,843	28,151	5,444	10,971	172,062	0
	(ii)	0	0	0	0	0	0	0
PEDRO MENDEZ- CORREA PHYSICIST	(i)	189,262	0	0	7,746	31,456	228,464	0
	(ii)	0	0	0	0	0	0	0
THOMAS A DAVIS DIRECTOR PHARMACY	(i)	152,871	16,916	216	6,767	10,324	187,094	0
	(ii)	0	0	0	0	0	0	0
ENDURANCE ONORI PHARMACIST	(i)	139,428	0	2,221	5,812	20,020	167,481	0
	(ii)	0	0	0	0	0	0	0
SHERRI LEWMAN VICE PRESIDENT SERVICE LINE DEVELOPMENT	(i)	124,381	19,884	50	3,663	31,018	178,996	0
	(ii)	0	0	0	0	0	0	0
AMY ABBOTT DIRECTOR OF ONCOLOGY	(i)	122,480	12,478	0	5,639	28,211	168,808	0
	(ii)	0	0	0	0	0	0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
JUPITER MEDICAL CENTER INC

Employer identification number
59-1460239

Part I

Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	PALM BEACH COUNTY HEALTH FACILITIES AUTHORITY	52-1297506		05-07-2013	20,773,973	SEE STATEMENT		X		X		X
B	PALM BEACH COUNTY HEALTH FACILITIES AUTHORITY	52-1297506	696507SW3	05-07-2013	54,346,809	SEE STATEMENT		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	497,643		1,965,000					
2	Amount of bonds legally defeased	0		0					
3	Total proceeds of issue	20,773,973		54,346,809					
4	Gross proceeds in reserve funds	0		0					
5	Capitalized interest from proceeds	0		0					
6	Proceeds in refunding escrows	0		0					
7	Issuance costs from proceeds	233,973		430,780					
8	Credit enhancement from proceeds	0		0					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	0		0					
11	Other spent proceeds	11,641,548		53,916,029					
12	Other unspent proceeds	8,898,452		0					
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?		X		X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %					
6	Total of lines 4 and 5	0 %		0 %					
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X					
b	Exception to rebate?		X		X				
c	No rebate due?		X		X				
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge	0 0		0 0					
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
			X		X				
b	Name of provider								
c	Term of GIC	0 0		0 0					
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V

Procedures To Undertake Corrective Action

	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
		X		X					

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN (F), DESCRIPTION OF PURPOSE	BOND ISSUE A - PURPOSE OF BOND - VARIOUS CAPITAL IMPROVEMENTS AND REFUND THE FOLLOWING BOND ISSUES SERIES 1993, 1999A, 2009A, AND 2009B BOND ISSUE B - PURPOSE OF BOND - VARIOUS CAPITAL IMPROVEMENTS AND REFUND THE FOLLOWING BOND ISSUES SERIES 1999B AND A 2011 PROMISORY NOTE

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.****▶ Attach to Form 990 or 990-EZ.****▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

OMB No 1545-0047

2013**Open to Public
Inspection**Name of the organization
JUPITER MEDICAL CENTER INC**Employer identification number**

59-1460239

Return Reference**Explanation**FORM 990, PART III,
LINE 4A, PROGRAM
SERVICE
ACCOMPLISHMENT

(CONTINUED FROM PART III) IN ADDITION, JMC CONTINUALLY IMPLEMENTS NEW TECHNOLOGY AND SERVICES TO MEET THE COMMUNITY'S NEEDS. THE MEDICAL CENTER CONSISTS OF 163 PRIVATE ACUTE CARE HOSPITAL BEDS AND 90 LONG-TERM CARE BEDS, PROVIDES A BROAD RANGE OF SERVICES WITH SPECIALTY CONCENTRATIONS IN CANCER CARE, ORTHOPEDICS/SPINE, EMERGENCY SERVICES, CARDIAC SERVICES, WOMEN'S AND CHILDREN'S SERVICES, MINIMALLY-INVASIVE SURGICAL PROCEDURES, INCLUDING A ROBOTIC SURGERY PROGRAM, ADVANCED DIAGNOSTICS, AND REHABILITATION. JUPITER MEDICAL CENTER IS AFFILIATED WITH THE UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE. THE MEDICAL CENTER HAS OVER 1,500 EMPLOYEES, 554 PHYSICIANS, 441 NURSES AND OVER 600 VOLUNTEERS. FOR THE YEAR ENDING SEPTEMBER 30, 2014, THE MEDICAL CENTER HAD 9,925 DISCHARGES, 1,154 BIRTHS, 31,076 EMERGENCY ROOM VISITS, 128,899 OUTPATIENT VISITS, AND 6,870 SURGERIES. OVER THE YEARS, JUPITER MEDICAL CENTER HAS GAINED A REPUTATION AS A WORLD-CLASS MEDICAL FACILITY, KNOWN FOR ITS EXCELLENT, COMPASSIONATE CARE.

Return Reference	Explanation
Form 990, Part VI, Sec A, Line 1a, Delegate broad authority to a committee	WHEN THE BOARD IS NOT IN SESSION, THE EXECUTIVE COMMITTEE SHALL HAVE AND EXERCISE ALL OF THE AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE CORPORATION, EXCEPT AS SUCH AUTHORITY IS LIMITED BY FLORIDA STATUTE. THE EXECUTIVE COMMITTEE SHALL (I) CONSIST OF SIX TRUSTEES, AT LEAST ONE OF WHICH SHALL BE A PHYSICIAN MEMBER AND (II) HAVE THE PRESIDENT OF THE CORPORATION AS AN EX-OFFICIO, NON-VOTING, SEVENTH COMMITTEE MEMBER

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 11b, Review of form 990 by governing body	THE VP OF FINANCE AND CFO REVIEWS THE FORM 990 PRIOR TO ITS FINALIZATION ACCESS TO THE FINAL DRAFT OF THE FORM 990 IS PROVIDED ELECTRONICALLY TO EVERY MEMBER OF THE BOARD OF DIRECTORS BEFORE IT IS FILED

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 12c, Conflict of interest policy	THE ORGANIZATION MAINTAINS A CORPORATE COMPLIANCE PROGRAM THAT MONITORS FOR POTENTIAL AND ACTUAL CONFLICTS OF INTEREST ON AN ANNUAL BASIS, ALL DEPARTMENTAL MANAGERS THROUGH ORGANIZATION SENIOR MANAGEMENT AND ALL MEMBERS OF THE GOVERNING BODY ARE REQUIRED TO SIGN A STATEMENT TO DISCLOSE POTENTIAL CONFLICTS THE STATEMENTS ARE REVIEWED IN DETAIL BY THE CEO AND THE CORPORATE COMPLIANCE DIRECTOR IF ANY CONFLICT DOES EXIST, THE INDIVIDUAL WITH THE CONFLICT IS PROHIBITED FROM PARTICIPATING IN THE TRANSACTION OR VOTING ON MATTERS RELATED TO THE CONFLICT

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 15a, Process to establish compensation of top management official	THE COMPENSATION COMMITTEE OF THE BOARD OF JUPITER MEDICAL CENTER, INC REVIEWS SURVEY DATA, FINANCIAL ABILITY OF THE ORGANIZATION, AND ACCOMPLISHMENT OF GOALS TO DETERMINE THE AMOUNT OF COMPENSATION OF THE PRESIDENT & CEO THE COMPENSATION IS THEN REPORTED TO THE BOARD OF JUPITER MEDICAL CENTER, INC THE DELIBERATIONS AND DECISIONS OF THE COMPENSATION COMMITTEE ARE DOCUMENTED IN THE COMMITTEE MINUTES THIS PROCESS WAS UNDERTAKEN NOVEMBER, 2013 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2014 A COMPENSATION CONSULTANT IS ALSO HIRED ON AN ANNUAL BASIS

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 15b, Process to establish compensation of other employees	THE COMPENSATION COMMITTEE OF THE BOARD OF JUPITER MEDICAL CENTER, INC. REVIEWS AND APPROVES THE COMPENSATION OF DISQUALIFIED POSITIONS WITHIN THE ORGANIZATION. THE PRESIDENT AND CEO DETERMINES THE COMPENSATION OF THE OTHER OFFICERS AND KEY EMPLOYEES. THE COMPENSATION COMMITTEE REVIEWS SURVEY DATA, FINANCIAL ABILITY OF THE ORGANIZATION, AND ACCOMPLISHMENT OF GOALS IN ORDER TO DETERMINE THE PRESIDENT AND CEO, CHIEF FINANCIAL OFFICER, CHIEF OPERATING OFFICER AND FOUNDATION EXECUTIVE DIRECTOR. COMPENSATION IS THEN REPORTED TO THE BOARD OF JUPITER MEDICAL CENTER, INC. THE DECISIONS AND DELIBERATIONS ARE DOCUMENTED IN THE COMMITTEE MINUTES. THIS PROCESS WAS UNDERTAKEN NOVEMBER, 2013 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2014.

Return Reference	Explanation
Form 990, Part VI, Sec C, Line 19, Required documents available to the public	THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC THROUGH THE STATE OF FLORIDA BECAUSE THEY ARE FILED WITH THE AGENCY FOR HEALTH CARE ADMINISTRATION THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE FOR REVIEW UPON REQUEST AT HOSPITAL ADMINISTRATION

Return Reference	Explanation
Form 990 , Part XI, Line 9, Other changes in net assets or fund balances	OTHER CHANGES IN NET ASSETS - 33399,

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
JUPITER MEDICAL CENTER INC

Employer identification number
59-1460239

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) JUPITER MEDICAL CENTER FOUNDATION INC 1210 SOUTH OLD DIXIE HIGHWAY JUPITER, FL 33458 65-0132406	SUPPORTING ORGANIZATION	FL	501(C)(3)	11 - Type I	JUPITER MEDICAL CENTER INC	Yes	
(2) JUPITER MEDICAL CENTER PAVILION INC 1230 SOUTH OLD DIXIE HIGHWAY JUPITER, FL 33458 59-2452576	SKILLED NURSING FACILITY	FL	501(C)(3)	9	JUPITER MEDICAL CENTER INC	Yes	
(3) JUPITER MEDICAL CENTER PHYSICIANS GROUP INC 1210 SOUTH OLD DIXIE HIGHWAY JUPITER, FL 33458 26-3187119	PHYSICIAN OFFICES	FL	501(C)(3)	9	JUPITER MEDICAL CENTER INC	Yes	
(4) JUPITER HEALTH OUTPATIENT SERVICES INC 1210 S OLD DIXIE HIGHWAY JUPITER, FL 33458 45-5310772	AMBULATORY CARE SERVICES	FL	501(C)(3)	3	JUPITER MEDICAL CENTER INC	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) JUPITER OUTPATIENT SURGERY CENTER LLC 2055 N MILITARY TRAIL SUITE 100 JUPITER, FL 33458 65-0925020	SURGERY CENTER	FL	JMC	RELATED	1,023,911	1,754,078		No	0		No	60 5 %
(2) TTB PARTNERS LTD 900 BROKEN SOUND PKY NW STE 125 BOCA RATON, FL 33487 65-0945554	MEDICAL OFFICE BUILDING	FL	JMC	RELATED	251,216	2,197,465		No	0		No	51 %

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) JMC POST-ACUTE SERVICES INC 1210 SOUTH DIXIE HIGHWAY JUPITER, FL 33458 45-2860629	HEALTHCARE SERVICES	FL	JUPITER MEDICAL CENTER INC	C CORPORATION	0	0	100 %	Yes	
(2) JMC SPECIALTY GROUP INC 1210 SOUTH OLD DIXIE HIGHWAY JUPITER, FL 33458 46-2997753	PHYSICIAN GROUP	FL	JUPITER MEDICAL CENTER INC	C CORPORATION	-226,247	520,379	100 %	Yes	

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) JUPITER MEDICAL CENTER FOUNDATION	C	4,140,616	FMV
(2) JUPITER MEDICAL CENTER PAVILION	O	1,091,367	FMV
(3) JUPITER MEDICAL CENTER FOUNDATION	O	157,884	FMV
(4) JUPITER MEDICAL CENTER PHYSICIAN GROUP	D	1,301,834	FMV
(5) JUPITER MEDICAL CENTER PAVILION	D	3,868,851	FMV
(6) JUPITER OUTPATIENT SURGERY CENTER	A	339,423	FMV

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
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Additional Data

Software ID: 13000248

Software Version: 2013v3.1

EIN: 59-1460239

Name: JUPITER MEDICAL CENTER INC

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
JUPITER MEDICAL CENTER FOUNDATION	C	4,140,616	FMV
JUPITER MEDICAL CENTER PAVILION	O	1,091,367	FMV
JUPITER MEDICAL CENTER FOUNDATION	O	157,884	FMV
JUPITER MEDICAL CENTER PHYSICIAN GROUP	D	1,301,834	FMV
JUPITER MEDICAL CENTER PAVILION	D	3,868,851	FMV
JUPITER OUTPATIENT SURGERY CENTER	A	339,423	FMV

**JUPITER MEDICAL CENTER, INC.
AND AFFILIATED COMPANIES**

Jupiter, Florida

CONSOLIDATED FINANCIAL STATEMENTS
September 30, 2014 and 2013

JUPITER MEDICAL CENTER, INC. AND AFFILIATED COMPANIES
Jupiter, Florida

CONSOLIDATED FINANCIAL STATEMENTS
September 30, 2014 and 2013

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INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Jupiter Medical Center, Inc. and Affiliated Companies
Jupiter, Florida

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of Jupiter Medical Center, Inc. and Affiliated Companies, which comprise the consolidated balance sheets as of September 30, 2014 and 2013, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

(Continued)

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Jupiter Medical Center, Inc. and Affiliated Companies as of September 30, 2014 and 2013, and the results of their consolidated operations and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating balance sheet and consolidating statement of operations and changes in net assets are presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position and results of operations, and cash flows of the individual companies, and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Crowe Horwath LLP
Crowe Horwath LLP

Ft. Lauderdale, Florida
January 20, 2015

JUPITER MEDICAL CENTER, INC. AND AFFILIATED COMPANIES
CONSOLIDATED BALANCE SHEETS
September 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
ASSETS		
Current assets:		
Cash and cash equivalents	\$ 19,744,792	\$ 15,474,104
Short-term investments	2,082,001	11,866,952
Accounts receivable, less allowance for doubtful accounts of \$16,714,040 in 2014 and \$18,046,394 in 2013	27,324,883	28,104,039
Pledges receivable - net, current portion, less allowance for doubtful pledges of \$60,000 in 2014 and 2013	3,871,743	2,809,414
Inventories, prepaid expenses, and other current assets	9,588,231	9,828,874
Total current assets	<u>62,611,650</u>	<u>68,083,383</u>
 Assets limited as to use:		
By board for capital improvements	46,230,106	28,406,684
Under bond indenture agreement, held by trustees	15,734,794	38,001,777
Held for self-insurance programs and other	1,855,311	1,854,845
Donor restricted	27,994,636	21,915,805
Total assets limited as to use	<u>91,814,847</u>	<u>90,179,111</u>
 Pledges receivable, net of current portion	13,741,492	9,581,495
 Long-term investments	10,941,736	11,492,812
 Property and equipment, net	120,684,326	98,874,530
 Other assets:		
Unamortized financing costs	1,646,608	1,746,720
Other	12,734,788	12,137,484
Total other assets	<u>14,381,396</u>	<u>13,884,204</u>
 Total assets	<u>\$ 314,175,447</u>	<u>\$ 292,095,535</u>

(Continued)

JUPITER MEDICAL CENTER, INC. AND AFFILIATED COMPANIES
CONSOLIDATED BALANCE SHEETS
September 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
LIABILITIES AND NET ASSETS		
Current liabilities:		
Accounts payable and accrued expenses	\$ 23,818,125	\$ 23,806,768
Estimated third-party settlements payable	61,467	18,579
Accrued interest payable	973,932	959,575
Accrued liability for self-insurance programs, current portion	2,431,692	3,431,414
Current portion of long-term debt	9,310,074	6,738,402
Other current liabilities	108,878	91,770
Total current liabilities	<u>36,704,168</u>	<u>35,046,508</u>
Long-term debt	77,097,223	79,961,431
Other liabilities:		
Accrued liability for self-insurance programs, net of current portion	4,847,658	4,629,733
Other long term liabilities	2,468,416	2,982,815
Total other liabilities	<u>7,316,074</u>	<u>7,612,548</u>
Total liabilities	121,117,465	122,620,487
Net assets:		
Unrestricted	143,555,514	132,505,326
Temporarily restricted	46,206,067	33,673,321
Permanently restricted	3,296,401	3,296,401
Total net assets	<u>193,057,982</u>	<u>169,475,048</u>
Total liabilities and net assets	<u>\$ 314,175,447</u>	<u>\$ 292,095,535</u>

See accompanying notes to consolidated financial statements.

JUPITER MEDICAL CENTER, INC. AND AFFILIATED COMPANIES
CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS
Years ended September 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Unrestricted revenue:		
Patient service revenue, (net of contractual allowances and discounts)	\$ 192,824,726	\$ 192,300,944
Provision for bad debts	(11,670,411)	(12,852,684)
Net patient service revenue, less provision for bad debts	<u>181,154,315</u>	<u>179,448,260</u>
Contributions	2,900,445	2,701,668
Other revenue	9,126,263	7,653,012
Investment income	4,504,462	1,437,667
Change in net unrealized gains	1,206,921	1,081,174
Net assets released from restrictions, used for operations	<u>671,444</u>	<u>931,536</u>
Total unrestricted revenue	<u>199,563,850</u>	<u>193,253,317</u>
Expenses:		
Salaries	73,942,027	75,342,949
Benefits	13,196,142	16,072,722
Contract labor	1,876,285	697,140
Supplies	46,146,897	43,480,905
Purchased services	26,936,492	24,262,719
Interest	1,488,467	1,885,479
Insurance	3,550,166	4,851,789
Utilities	2,321,723	2,255,044
Equipment and building rental	4,401,373	4,126,011
Depreciation	12,378,792	11,918,956
Other expenses	<u>4,735,357</u>	<u>4,258,377</u>
Total expenses	<u>190,973,721</u>	<u>189,152,091</u>
Excess of revenue over expenses	8,590,129	4,101,226

(Continued)

JUPITER MEDICAL CENTER, INC. AND AFFILIATED COMPANIES
CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS
Years ended September 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Unrestricted net assets:		
Excess of revenues over expenses	\$ 8,590,129	\$ 4,101,226
Net assets released from restrictions, used for additions to property	5,876,498	5,922,505
Transfers to temporarily restricted net assets	(3,869,646)	-
Other changes in unrestricted net assets	<u>453,207</u>	<u>-</u>
Increase in unrestricted net assets	11,050,188	10,023,731
Temporarily restricted net assets:		
Restricted contributions	15,060,492	7,323,836
Change in net unrealized gains on investments	73,360	85,279
Investment income	77,190	74,360
Transfers from unrestricted net assets	3,869,646	-
Net assets released from restrictions	<u>(6,547,942)</u>	<u>(6,781,537)</u>
Increase in temporarily restricted net assets	12,532,746	701,938
Permanently restricted net assets:		
Increase in permanently restricted net assets	<u>-</u>	<u>443,510</u>
Increase in net assets	23,582,934	11,169,179
Net assets at beginning of year	<u>169,475,048</u>	<u>158,305,869</u>
Net assets at end of year	<u><u>\$ 193,057,982</u></u>	<u><u>\$ 169,475,048</u></u>

See accompanying notes to consolidated financial statements.

JUPITER MEDICAL CENTER, INC. AND AFFILIATED COMPANIES
CONSOLIDATED STATEMENTS OF CASH FLOWS
Years ended September 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Cash flows from operating activities:		
Increase in net assets	\$ 23,582,934	\$ 11,169,179
Adjustments to reconcile increase in net assets to net cash from operating activities:		
Depreciation	12,378,792	11,918,956
Amortization of bond discounts and deferred debt issuance costs	100,112	565,576
Amortization of lease financing obligations	-	(147,021)
Restricted contributions and investments	(7,151,616)	(7,839,850)
Provision for bad debts	11,670,411	12,582,684
Change in net unrealized gains on investments	(1,206,921)	(1,054,021)
(Gains) losses on disposals of property and equipment	(23,318)	1,965
Changes in operating assets and liabilities:		
Increase in accounts receivable, net	(10,891,255)	(12,317,453)
(Increase) decrease in pledges receivable, net	(8,270,382)	(143,592)
Increase (decrease) in inventories, prepaid expenses, other current assets, and other assets	(356,661)	(2,066,765)
(Decrease) increase in accounts payable, accrued expenses, estimated third-party settlements and other liabilities	(696,086)	92,092
Decrease in other long-term liabilities	(514,399)	(1,899,452)
Net cash from operating activities	<u>18,621,611</u>	<u>10,862,298</u>
Cash flows from investing activities:		
Purchases of property and equipment and additions to construction-in-progress	(11,988,830)	(17,576,496)
Purchases of trading investments	(22,555,152)	(100,726,950)
Proceeds from sales and maturities of trading investments	10,176,343	61,627,186
Proceeds from sales of fixed assets	109,580	142,971
Net cash from investing activities	<u>(24,258,059)</u>	<u>(56,533,289)</u>

(Continued)

JUPITER MEDICAL CENTER, INC. AND AFFILIATED COMPANIES
CONSOLIDATED STATEMENTS OF CASH FLOWS
Years ended September 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Cash flows from financing activities:		
Restricted contributions and investments	\$ 10,199,672	\$ 9,939,917
Repayment of long-term debt	(6,838,137)	(41,169,825)
Payment of financing costs	-	(1,612,519)
Proceeds from issuance of long-term debt	6,545,601	78,758,684
Net cash from financing activities	<u>9,907,136</u>	<u>45,916,257</u>
 Net change in cash and cash equivalents	 4,270,688	 245,266
 Cash and cash equivalents at beginning of year	 <u>15,474,104</u>	 <u>15,228,838</u>
 Cash and cash equivalents at end of year	 <u>\$ 19,744,792</u>	 <u>\$ 15,474,104</u>
 Supplemental Disclosures		
Interest paid, net of capitalized interest	\$ 1,474,110	\$ 1,107,729
Non-cash capital expenditures included in accounts payable and accrued expenses	\$ 2,053,450	\$ 1,859,769

See accompanying notes to consolidated financial statements.

JUPITER MEDICAL CENTER, INC. AND AFFILIATED COMPANIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
September 30, 2014 and 2013

NOTE 1 - ORGANIZATION AND MISSION

Organization: Jupiter Medical Center, Inc., located in Jupiter, Florida, is a not-for-profit acute care hospital that was incorporated in 1976.

The consolidated financial statements include the accounts of Jupiter Medical Center, Inc. (the Hospital) and the account balances of the following companies of which the Hospital, as the controlling organization, is the sole voting member: Jupiter Medical Center Pavilion, Inc. (the Pavilion); Jupiter Medical Center Foundation, Inc. (the Foundation); Jupiter Medical Center Physicians Group, Inc. (Physicians Group); and JMC Specialty Group, Inc.; (collectively, the Center). The consolidated financial statements of the Center also include the accounts of Jupiter Medical Center Auxiliary, which is not a separate legal entity apart from the Foundation. All intercompany accounts and transactions have been eliminated. The Hospital is also a partner in certain other related-party joint ventures.

The Hospital opened in 1979, offering medical, surgical, and other services, and currently operates 163 licensed beds. The Pavilion is a skilled nursing facility located adjacent to the Hospital and consists of 120 licensed beds. The Foundation was established to solicit contributions from the general public and to support the Hospital and the Pavilion. Funds are distributed as determined by the Foundation's Board of Trustees.

In September of 1995, the Center entered into a land lease agreement with JMC Partners, LTD. The investment was classified as an equity investment with an initial capital contribution of \$83,923, and a 28% ownership interest in the joint venture. JMC Partners, LTD was sold in December 2013; however, the land lease still exists. In April of 1996, the Center entered into an agreement with JPC Partners, LTD. The investment was classified as an equity investment with an initial capital contribution of \$83,354, and a 34% ownership interest in the joint venture. JPC Partners, LTD was sold in December 2013.

In February of 2013, the Center entered into an operating agreement with D1 Sports Training of Palm Beach, LLC. D1 Sports operates a sports training facility and the Center will provide physical rehabilitation services upon completion of a new facility. The investment is classified as an equity investment with an initial capital contribution of \$250,000, and a 25% ownership interest in the joint venture.

In 2000, the Center entered into a long-term contract to lease a portion of its land to a real estate partnership. The Center holds a 51% equity investment as a limited partner in this real estate partnership. The general partner manages and controls the operation of a medical office building on this land. This transaction has been accounted for as a financing arrangement under the provisions of ASC 810, *Consolidation*. At September 30, 2006, the Center held a 20% interest in the JOSOC, an ambulatory surgery center. In April 2007, the Center purchased additional membership interests for approximately \$12,000,000, increasing its ownership to approximately 61%. The remaining 39% interest is owned by physicians associated with the Center. The Center is accounting for its interest in the JOSOC under the equity method of accounting in accordance with the provisions of ASC 810 and ASC 323, *Investments, Equity Method and Joint Ventures*. The Center's interest in the JOSOC is included in other assets in the consolidated balance sheets.

The Center has issued 2013 Bonds, Series 2013A, Series 2013B and Series 2013C, under which the Center has granted to the Master Trustee a limited obligations payable on and security interest in the Gross Revenues of the Hospital and additionally secured by the Mortgaged Property (as defined in the 2013 Bond Agreement), subject to permitted liens, as security for the payment of all obligations issued under the Master Indenture and the performance by the Obligated Group members of their other obligations under the Master Indenture described below. The Obligated Group members include the Hospital and all of the affiliated companies listed above, except for Physician Group and Auxiliary as listed above. The Obligated Group members are jointly and severally liable for all obligations issued pursuant to the Master Indenture.

(Continued)

JUPITER MEDICAL CENTER, INC. AND AFFILIATED COMPANIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
September 30, 2014 and 2013

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Mission Statement: The Center's primary mission is to deliver excellent and compassionate health care advancing the well-being of the people it serves.

Basis of Presentation: The Center's consolidated financial statements conform to the requirements of the Accounting Standards Codification (ASC or Codification) 958-605, *Not-for-Profit Entities, Revenue Recognition*, which establishes standards for external financial reporting by not-for-profit organizations and requires that resources be classified for accounting and reporting purposes. Net assets, revenues, gains, and losses are classified into three classes of net assets based on the existence or absence of donor-imposed restrictions. The three categories of net assets reflected in the accompanying consolidated financial statements are as follows:

Unrestricted – Net assets that are free of donor-imposed restrictions; all revenues, gains, and losses that are not changes in permanently or temporarily restricted net assets.

Temporarily Restricted – Net assets whose use by the Center is limited by donor-imposed stipulations that either expire by passage of time or that can be fulfilled or removed by actions of the Center pursuant to those stipulations.

Permanently Restricted – Net assets whose use by the Center is limited by donor-imposed stipulations that neither expire with the passage of time nor can be fulfilled or otherwise removed by actions of the Center.

Cash and Cash Equivalents: Cash and cash equivalents include all cash accounts and other highly liquid investments generally with original maturities of 90 days or less, excluding amounts classified by the Board of Trustees for capital improvements. Cash equivalents include funds invested in overnight repurchase agreements, excluding assets limited as to use. The Center places its cash and cash equivalents with institutions with high credit quality. However, at certain times, such cash and cash equivalents may be in excess of government-provided insurance limits.

Patient Accounts Receivable: The Center reports its patient accounts receivable at net realizable value. The Center determines the net realizable value of its receivables based on established agreements with third-party payors that provide for payments to the Center at amounts that typically differ from its established rates. For services provided to Medicare and Medicaid beneficiaries, estimated receivables are determined based on the programs' guidelines for reimbursement of services that are either paid at prospectively determined rates per diagnosis or retrospectively determined costs. Receivables from beneficiaries of other third-party payors are based primarily on contractual agreements with those payors that determine reimbursement for services rendered to beneficiaries of their plans based on predetermined diagnosis, per diem rates, or discounted fee-for-service rates. As changes in contract terms and the regulatory environment can significantly affect the valuation of its receivables, the Center closely monitors these items, along with historical collection rates, to ensure the appropriateness of its receivable valuations.

(Continued)

JUPITER MEDICAL CENTER, INC. AND AFFILIATED COMPANIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
September 30, 2014 and 2013

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

The Center receives letters sent by attorneys of injured parties agreeing to pay the medical expenses owed by patients out of any future settlements. Letter of protection accounts receivable are contractual agreements that allow the injured party to receive the care needed with the medical provider agreeing to wait until the conclusion of the settlement to demand payment. If the attorney settles the case, the attorney is obligated to ensure the medical provider's expense gets settled out of those funds. If there is no recovery, the injured party is responsible for the medical expense, and the medical provider has the right to pursue the injured party for the full expense.

Patient accounts receivable consisted of the following at September 30:

	<u>2014</u>	<u>2013</u>
Accounts receivable, net of contractual allowance and excluding letter of protection accounts receivable	\$38,378,450	\$40,394,487
Letter of protection accounts receivable	<u>5,660,473</u>	<u>5,755,946</u>
Patient accounts receivable	44,038,923	46,150,433
 Allowance for doubtful accounts	 (14,110,222)	 (15,493,546)
Letter of protection allowance for doubtful accounts	<u>(2,603,818)</u>	<u>(2,552,848)</u>
 Patient accounts receivable, net	 <u>\$27,324,883</u>	 <u>\$28,104,039</u>

Investments: The Center's consolidated financial statements conform to the requirements of ASC 958-320, *Not-for-Profit Entities, Investments-Debt and Equity Securities*, which specifies accounting methods for investments held by not-for-profit entities. As of September 30, 2014 and 2013, the Center's investments consist principally of equity securities, debt securities, and short-term investments. Investments in equity securities with readily determinable fair values and all investments in debt securities are reported at fair value in the consolidated balance sheets. Investment income or loss (including realized gains and losses on investments, interest income, and dividends) is included in the excess of revenues over expenses unless that income or loss is restricted by donor or law. The Center has classified its investment portfolio as trading, with unrealized gains and losses included in excess of revenues over expenses on the consolidated statements of operations and changes in net assets. Investments and assets limited as to use are more fully described in Note 4 to the consolidated financial statements.

Fair Value of Financial Instruments: The carrying value of net accounts receivable from patients, accounts payable, and accrued liabilities approximates fair value due to the short-term nature of these accounts.

Contributions and Pledges: The Center records contributions in accordance with ASC 958-310, *Not-for-Profit Entities, Receivables*, which establishes accounting standards for contributions for donees (and donors) and generally requires unconditional promises to give cash and other assets (including multiyear promises) to be recognized at fair value in the period made. This guidance requires not-for-profit organizations to distinguish between contributions received that increase permanently restricted net assets, temporarily restricted net assets, and unrestricted net assets. This guidance also requires that unconditional promises to be collected or paid in more than one year be measured at the present value of estimated future cash flows.

(Continued)

JUPITER MEDICAL CENTER, INC. AND AFFILIATED COMPANIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
September 30, 2014 and 2013

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

The Center reports gifts and bequests as temporarily restricted if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or the restricted purpose is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets.

The Center reports noncash gifts and bequests as unrestricted contributions unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as temporarily restricted contributions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, the Center reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

Unconditional promises (pledges) to give cash and other assets to the Center are reported at fair value at the date the promise is received. The Center records revenue from pledges, net of a provision for uncollectible pledges. Amounts pledged are recorded as contributions of permanently restricted net assets, if designated by the donors as such, or temporarily restricted net assets until donor restrictions, if any, are met or, in the case of multiyear pledges, until the amounts pledged are actually received in cash from the donor. Substantially all of the Center's pledges are expected to be collected within five years.

Those pledges with extended payment terms have been recorded at the net present value of the stream of anticipated payments utilizing interest rates ranging from .07% to 4.79%. The effective interest rate is established at the time the pledge is recorded, based upon prevailing interest rates at the time. Pledges receivable as of September 30, 2014 and 2013, are summarized as follows:

	<u>2014</u>	<u>2013</u>
In less than one year	\$ 4,019,161	\$ 2,869,477
In one to five years (future value)	12,741,492	7,675,536
In five to ten years (future value)	1,000,000	2,000,000
Subtotal	<u>17,760,653</u>	<u>12,545,013</u>
Allowance for uncollectible pledges	(60,063)	(60,063)
Discount on pledges greater than one year	<u>(87,355)</u>	<u>(94,041)</u>
	<u>\$ 17,613,235</u>	<u>\$ 12,390,909</u>

At September 30, 2014, conditional promises to give of \$7,500,000 related to certain milestones achieved related to construction of a children's center were pending. At September 30, 2014 and 2013, gross pledges receivable include \$12,474,264 and \$8,615,178, respectively, of promises to give from related parties.

Inventories: Inventories, consisting primarily of medical supplies, drugs, and office supplies, are stated at the lower of cost (determined by the first-in, first-out method) or market.

Assets Limited as to Use: Assets whose use is limited by the Board of Trustees of the Center represent assets set aside by the Board of Trustees for future capital improvements, funding of self-insurance programs, retirements of debt, future development, and other uses over which the Board of Trustees retains control and may, at its discretion, subsequently use for other purposes. Assets limited as to use also represent assets held by trustees under bond indenture agreements and donor restricted assets.

(Continued)

JUPITER MEDICAL CENTER, INC. AND AFFILIATED COMPANIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
September 30, 2014 and 2013

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Property and Equipment: Property and equipment are recorded at cost if purchased or, if contributed, at the fair value on the date of contribution, less accumulated depreciation and amortization. Expenditures that increase the value and extend the useful life of an asset are capitalized. Routine maintenance, repairs, and minor equipment replacement costs are charged against operations. The Center provides for depreciation of the related assets using the straight-line method over estimated useful lives (which range from 3 years to 15 years for equipment and from 20 years to 40 years for buildings) assigned generally as recommended in the American Hospital Association publication, Estimated Useful Lives of Depreciable Hospital Assets.

Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the costs of acquiring the related assets. As of September 30, 2014 and 2013, capitalized interest cost totaled \$1,761,847 and \$507,666, net of accumulated amortization, including \$1,254,181 and \$620,000 of costs capitalized in 2014 and 2013, respectively.

Debt Issuance Costs: Debt issuance costs, which have been incurred in connection with the issuance of the Series 2013A, Series 2013B, and Series 2013C Bonds are included in other assets and are being amortized using the straight-line method over the life of the related bond issue, which approximates the effective interest method. Amortization of debt issuance costs is included in interest expense in the consolidated statements of operations and changes in net assets.

Bond Premiums: Bond premiums are reported along with long-term debt in the consolidated balance sheets and are amortized using a method that approximates the effective interest method. Amortization of bond premiums is included as a reduction to interest expense in the consolidated statements of operations and changes in net assets.

Self-Insured Programs: The Center is self-insured or retains a portion of the risk for certain health claims, workers' compensation claims, and professional liability claims. The provision for estimated self-insured claims for professional liability claims is included as insurance expense within the consolidated statements of operations and changes in net assets and includes estimates of the ultimate costs for both asserted and unasserted claims. The provisions for estimated self-insured claims for workers' compensation and health claims are recorded as benefits expense within the consolidated statements of operations and changes in net assets.

Net Patient Service Revenue: Net patient service revenue is reported at the estimated net realizable amounts due from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. Management believes these final settlements will not materially impact the consolidated financial statements.

The Center has agreements with third-party payors that provide for payments to the Center at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments for inpatients and discounted charges and fee schedule payments for outpatients.

Charity Care: The Center provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Center does not pursue collection of amounts determined to qualify as charity care, they are not reported as net revenue. The Center measures charity care provided utilizing its cost to charge ratio from its most recent Medicare cost report.

(Continued)

JUPITER MEDICAL CENTER, INC. AND AFFILIATED COMPANIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
September 30, 2014 and 2013

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Electronic Health Record Incentive Program: Under certain provisions of the American Recovery and Reinvestment Act of 2009, federal incentive payments are available to hospitals, physicians and certain other professionals when they adopt certified electronic health record (EHR) technology or implement health information technology under the Health Information Technology for Economic and Clinical Health Act (HITECH). The provisions were designed to increase the use of EHR technology and establish the requirements for a Medicare and Medicaid incentive payment program beginning in 2011 for eligible providers that adopt and meaningfully use certified EHR technology. Eligibility for annual Medicare incentive payments is dependent on providers demonstrating meaningful use of EHR technology in each period over a four-year period. Medicaid incentive payments are available to providers that adopt, implement or upgrade certified EHR technology. Providers must demonstrate meaningful use of such technology in subsequent years to qualify for additional Medicaid incentive payments.

The Center uses a grant accounting model to recognize EHR incentive revenues. Under this model, the Center records EHR incentive revenue when it is reasonably assured that it will meet the meaningful use objective for the required reporting period and that the grants will be received. The Center recorded EHR revenue totaling \$1,448,000 and \$1,862,000 for the years ended September 30, 2014 and 2013, respectively, which is included in other revenue in the accompanying consolidated statements of operations and changes in net assets. The Center recognized \$1,134,000 of receivables related to EHR, included in other current assets, as of September 30, 2014 as compared to \$1,862,000 as of September 30, 2013.

Income from EHR incentive payments is subject to retrospective adjustment as the incentive payments are calculated using Medicare cost report data that is subject to audit. The System's compliance with the meaningful use criteria is subject to audit by the federal government.

Contributed Services: A substantial number of unpaid volunteers have made significant contributions of their time, principally inpatient service programs, and the operation of a thrift store and a gift shop. The value of this contributed time is not reflected in these consolidated financial statements since it is not susceptible to objective measurement or valuation and the equivalent of an employer/employee relationship does not exist.

Excess of Revenues Over Expenses: The consolidated statements of operations and changes in net assets include revenues, gains, losses and other support over expenses. Changes in unrestricted net assets that are excluded from the excess of revenues, gains, losses and other support over expenses, consistent with industry practice, include unrealized gains on investment other than trading securities, net assets transfers, contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such assets), and other changes that are outside of recurring operations.

Use of Estimates: The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements. Estimates and assumptions also affect the reported amounts of revenues and expenses during the year.

(Continued)

JUPITER MEDICAL CENTER, INC. AND AFFILIATED COMPANIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
September 30, 2014 and 2013

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

The Center considers critical estimates to be those that require more significant judgments in the preparation of its consolidated financial statements, including the following: recognition of net patient service revenue; valuation of accounts receivable, including contractual allowance liabilities and the allowance for doubtful accounts; and liabilities for losses and expenses related to health care, workers' compensation, professional liability, estimated third-party settlements and general liabilities. Management relies on historical experience and on other assumptions believed to be reasonable under the circumstances in making its judgments and estimates. Actual results could differ from these estimates.

Income Taxes: The Internal Revenue Service has determined that the Hospital, the Pavilion, the Foundation, and the Physician Group are exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code (IRC). JMC Specialty Group, Inc. is a taxable corporation that files federal and Florida income tax returns. Income taxes related to JMC Specialty Group, Inc. is not material to the Center. Income earned in furtherance of the Center's tax-exempt purpose is exempt from federal and state income taxes. The IRC provides for taxation of unrelated business income under certain circumstances. The Center has no material unrelated business income; however, such status is subject to final determination upon examination of the related income tax returns by the appropriate taxing authority.

Under ASC Subtopic 740, *Income Taxes*, the Center must recognize the tax benefit from an uncertain tax position only if it is "more-likely-than-not" that the tax position will be sustained on examination by the applicable taxing authorities based on the technical merits of the position. The tax benefits recognized in the consolidated financial statements from such a position are measured based on the largest benefit that has a greater than 50 percent likelihood of being realized upon ultimate settlement. ASC Subtopic 740- 10, also provides guidance of derecognition, classification, interest and penalties on income taxes and accounting in interim periods and requires increased disclosure. There were no uncertain tax positions identified as of September 30, 2014 and 2013. The Center does not expect the total amount of unrecognized tax benefits to significantly change in the next twelve months.

Tax returns filed by the Center are subject to examination by the Internal Revenue Service (IRS) up to three years from the date the return was filed. The Center recognizes interest and/or penalties related to income tax matters in income tax expense. The Center did not have any amounts accrued for interest and penalties at September 30, 2014 and 2013. Tax returns filed by the Center and its affiliated companies are no longer subject to examination for the years ended September 30, 2010 and prior.

The Center has a 61% investment interest in an ambulatory surgery center at September 30, 2014, which may be deemed to operate in a for-profit manner. However, the Center believes, through its membership agreement, it has documentation to support the interest in this investment by the Hospital causing it to be related to its exempt purpose. As a result, the Center has not recorded income taxes payable or an income tax provision relating to the income from this investment. There are no significant deferred income tax assets or liabilities.

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JUPITER MEDICAL CENTER, INC. AND AFFILIATED COMPANIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
September 30, 2014 and 2013

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Recent Accounting Guidance: In October 2012, the FASB issued ASU No. 2012-05, *Statement of Cash Flows (Topic 230) Not-for-Profit Entities: Classification of the Sale Proceeds of Donated Financial Assets in the Statement of Cash Flows* that addresses how cash receipts arising from the sale of certain donated financial assets, such as securities, should be classified in the statement of cash flows of not-for-profit entities. The objective of this update is for an NFP to classify cash receipts from the sale of donated financial assets consistently with cash donations received in the statement of cash flows if those cash receipts were from the sale of donated financial assets that upon receipt were directed without the NFP imposing any limitations for sale and were converted nearly immediately into cash. The amendments in this ASU are effective for fiscal years and interim periods within those fiscal years beginning after June 15, 2013, with early adoption permitted. Implementation of this ASU did not have a significant effect on the consolidated financial statements.

In April 2013, the FASB issued ASU No. 2013-06, *Not-for-Profit Entities (Topic 958): Services Received from Personnel of an Affiliate* to address the diversity in practice about what guidance not-for-profit entities should apply for recognizing and measuring personnel services received from an affiliate, that is, a party that directly or indirectly through one or more intermediaries, controls, is controlled by, or is under common control with the recipient not-for-profit entity. The amendments in this ASU are effective for fiscal years and interim periods within those fiscal years beginning after June 15, 2014, with early adoption permitted. The Center has not implemented this ASU but does not expect the implementation would have a significant effect on the consolidated financial statements.

In May 2014, the FASB issued (ASU) 2014-09, *Revenue from Contracts with Customers: Topic 606*. This ASU affects any entity that either enters into contracts with customers to transfer goods or services or enters into contracts for the transfer of nonfinancial assets unless those contracts are within the scope of other standards (e.g., insurance contracts or lease contracts). This ASU will supersede the revenue recognition requirements in Topic 605, *Revenue Recognition*, and most industry-specific guidance. The core principle of the guidance is that an entity should recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The amendments in this ASU are effective retrospectively for fiscal years beginning after December 15, 2016. The Center has not yet implemented this ASU and the eventual impact on the Center's consolidated financial statements has not been determined.

Reclassifications: Certain prior year amounts have been reclassified to conform with the current year presentation. These classifications did not impact the previously reported excess of revenue over expenses or net assets.

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JUPITER MEDICAL CENTER, INC. AND AFFILIATED COMPANIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
September 30, 2014 and 2013

NOTE 3 - NET PATIENT SERVICE REVENUE

The Center grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements.

The Center has agreements with third-party payors that provide for payments to the Center at amounts different from its established rates. A summary of payment arrangements with major third-party payors follows.

Medicare: Inpatient acute-care services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. The Center receives predetermined rates per ambulatory payment classification group based upon Medicare's outpatient prospective payment system. Approximately 59% of the Center's gross charges are for services to Medicare beneficiaries in both 2014 and 2013.

The Center's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by the Centers for Medicare & Medicaid Services (CMS) and their designated contractors, as discussed below. The Center's annual reports to the Medicare program are subject to audit and approval of the Medicare program authorities. In connection with this audit and approval process, the Center may be required to revise its previous estimate of the Medicare contractual adjustment, liability, or receivable related to the Medicare program. Differences between the Center's original estimate and estimates based on subsequent determinations, resulting from the audit and approval process mentioned above, are recorded in operations by the Center in the period the determination is made. At September 30, 2014, Medicare cost reports through the year ended September 30, 2012, have been audited, and final settlement has been determined.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. The Center believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. While no such regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action, including fines, penalties, and exclusion from the Medicare and Medicaid programs.

Recovery Audit Contractors have been and are currently being utilized by CMS to retroactively review the appropriateness of payments made to hospitals for services rendered based upon the clinical conditions of the patients. Through 2014, the Center has not experienced significant adjustments to previous payments from CMS.

(Continued)

JUPITER MEDICAL CENTER, INC. AND AFFILIATED COMPANIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
September 30, 2014 and 2013

NOTE 3 - NET PATIENT SERVICE REVENUE (Continued)

Other Third-Party Payors: The Center has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Center under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

Charity Care: The Center maintains records to identify and monitor the level of charity care it provides. Charity care, at cost, was approximately \$3,944,000 and \$3,314,000, in 2014 and 2013, respectively, and was estimated based upon the Center's Medicare cost to charge ratios. The Center provides charity care on an ongoing basis for emergency patient needs when there is an established inability to pay based upon defined financial assistance criteria and federal poverty guidelines. The Center also allows for charity to be presumptively recognized based upon healthcare credit scoring and demographic information by patients at the time of visit.

Patient service revenue, net of contractual allowances and discounts (but before the provision for bad debts), by major payor sources, is as follows:

	September 30, 2014					
	Medicare	Medicaid	Blue Cross	Other Payers	Self Pay	Total
Gross patient charges	\$ 518,586,694	\$ 27,572,044	\$ 120,884,469	\$ 186,938,295	\$ 23,819,514	\$ 877,801,016
Contractual allowances and discounts	<u>425,781,262</u>	<u>24,659,146</u>	<u>88,841,425</u>	<u>123,980,709</u>	<u>21,713,748</u>	<u>684,976,290</u>
Patient service revenue	<u>\$ 92,805,432</u>	<u>\$ 2,912,898</u>	<u>\$ 32,043,044</u>	<u>\$ 62,957,586</u>	<u>\$ 2,105,766</u>	<u>\$ 192,824,726</u>
	September 30, 2013					
	Medicare	Medicaid	Blue Cross	Other Payers	Self Pay	Total
Gross patient charges	\$ 507,987,046	\$ 31,980,693	\$ 106,702,934	\$ 194,375,461	\$ 27,251,031	\$ 868,297,165
Contractual allowances and discounts	<u>413,495,529</u>	<u>28,163,792</u>	<u>80,226,529</u>	<u>129,494,132</u>	<u>24,616,239</u>	<u>675,996,221</u>
Patient service revenue	<u>\$ 94,491,517</u>	<u>\$ 3,816,901</u>	<u>\$ 26,476,405</u>	<u>\$ 64,881,329</u>	<u>\$ 2,634,792</u>	<u>\$ 192,300,944</u>

The Center receives payment for services rendered from federal and state agencies (under the Medicare and Medicaid programs), managed care health plans, commercial insurance companies, employers, and patients. During 2014 and 2013, approximately 48% and 49%, respectively, of the Center's patient service revenues related to patients participating in the Medicare program, 2% from the Medicaid program, and 17% and 14%, respectively, from a specific managed care payor.

(Continued)

JUPITER MEDICAL CENTER, INC. AND AFFILIATED COMPANIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
September 30, 2014 and 2013

NOTE 3 - NET PATIENT SERVICE REVENUE (Continued)

The Center is a full-service, acute-care facility serving northern Palm Beach County, Florida. Except for emergency treatment, proof of insurance is required, if available, prior to rendering services. The Center recognizes that revenue and receivables from government agencies are significant to the Center's operations, but does not believe that there are significant credit risks associated with these governmental agencies. At September 30, 2014 and 2013, the Center has 38% and 36%, respectively, of net accounts receivable due from Medicare, and 7% and 5% respectively, of net accounts receivable due from a specific managed care payor. The Center does not believe that there are any other significant concentrations of revenues from any particular payor that would subject the Center to any significant credit risks in the collection of its accounts receivable. The Center grants credit to its patients, most of whom are local or state residents, and are insured under third-party arrangements.

Provisions for Doubtful Accounts: For uninsured patients who do not qualify for charity care, the Center recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy). On the basis of historical experience, a significant portion of the Center's uninsured patients will be unable or unwilling to pay for the services provided.

The provision for bad debts is based upon management's assessment of historical and expected collections of accounts receivable considering business and economic conditions, trends in healthcare coverage, and other collection indicators. Accounts receivable are written off and charged to the provision for bad debts after collection efforts have been made in accordance with the Center's policies. Recoveries are treated as a reduction to the provision for patient bad debts.

Accounts receivable are reduced by an allowance for doubtful accounts. Periodically, management assesses the adequacy of the allowance for doubtful accounts based upon historical write-off experience by major payor category.

Data about the major payor sources of revenue is analyzed to establish an appropriate allowance for uncollectible receivables and provision for patient bad debts. For receivables associated with services provided to patients who have third-party coverage, contractually due amounts are analyzed and compared to actual cash collected over time to enhance the quality of the estimate of the allowance for doubtful accounts and the provision for patient bad debts (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), an allowance for doubtful accounts is recorded on the basis of historical experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. An estimate of the difference between contracted rates and amounts actually collected, after all reasonable collection efforts have been exhausted, is charged to the provision for patient bad debts and credited to the allowance for doubtful accounts.

(Continued)

JUPITER MEDICAL CENTER, INC. AND AFFILIATED COMPANIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
September 30, 2014 and 2013

NOTE 4 - INVESTMENTS AND ASSETS LIMITED AS TO USE

The Center's investments and assets limited as to use consisted of the following at September 30, 2014 and 2013 and are stated at fair value:

	<u>2014</u>	<u>2013</u>
Investments:		
Cash and cash equivalents	\$ 3,931,912	\$ 4,556,531
U.S. government obligations	575,287	1,135,353
U.S. government, agency, and municipal securities	1,302,249	228,800
Corporate bonds	1,014,289	2,982,033
Alternative investments	741,074	-
Marketable equity securities	<u>5,458,926</u>	<u>14,457,047</u>
	13,023,737	23,359,764
Less long-term investments	<u>(10,941,736)</u>	<u>(11,492,812)</u>
Short-term investments	<u>\$ 2,082,001</u>	<u>\$11,866,952</u>
Assets limited as to used - designated by		
Board for capital improvements		
Cash and cash equivalents	\$ 7,860,729	\$11,264,057
U.S. government obligations	1,153,949	-
Corporate bonds	5,372,967	7,767,799
Alternative investments	3,925,671	-
Marketable equity securities	<u>27,916,790</u>	<u>9,374,828</u>
	46,230,106	28,406,684
Required under bond indenture agreement		
Cash and cash equivalents	11,050,640	21,862,720
Certificates of deposit with maturities		
greater than 90 days	1,984,346	3,520,328
U.S. government obligations	1,549,614	7,758,684
U.S. government, agency, and municipal securities	<u>1,150,194</u>	<u>4,860,045</u>
	15,734,794	38,001,777
Held for self-insurance programs and other,		
cash and cash equivalents	1,855,311	1,854,845
Donor restricted		
Cash and cash equivalents	24,531,453	21,915,805
U.S. government obligations	104,986	-
U.S. corporate bonds	488,832	-
Alternative investments	357,157	-
Marketable equity securities	<u>2,512,208</u>	<u>-</u>
	27,994,636	21,915,805
Assets limited as to use	<u>\$91,814,847</u>	<u>\$90,179,111</u>

(Continued)

JUPITER MEDICAL CENTER, INC. AND AFFILIATED COMPANIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
September 30, 2014 and 2013

NOTE 4 - INVESTMENTS AND ASSETS LIMITED AS TO USE (Continued)

Investment income from cash and cash equivalents, investments, and assets limited as to use amounted to \$4,504,462, which consists of \$1,667,643 of interest and dividend income, \$2,859,763 of net realized gains, and changes in unrealized gains and losses of (\$22,944) for the year ended September 30, 2014. Changes in unrealized gains and losses \$73,360 are included as increases of temporarily restricted net assets, respectively, in the consolidated statement of operations and changes in net assets for the year ended September 30, 2014.

Investment income from cash and cash equivalents, investments, and assets limited as to use amounted to \$1,437,667, which consists of \$1,585,999 of interest and dividend income, \$121,179 of net realized losses, and (\$27,153) of changes in unrealized gains and losses for the year ended September 30, 2013. Changes in unrealized gains and losses \$85,279 are included as increases of temporarily restricted net assets in the consolidated statement of changes in operations and net assets for the year ended September 30, 2013.

NOTE 5 - PROPERTY AND EQUIPMENT

Property and equipment consists of the following at September 30, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Land	\$ 5,745,546	\$ 5,745,546
Land and leasehold improvements	7,447,743	7,490,792
Building and fixed equipment	115,564,284	113,658,660
Movable equipment	43,420,100	40,435,325
Information technology	43,982,568	42,390,354
	<u>216,160,241</u>	<u>209,720,677</u>
Less accumulated depreciation	(135,920,310)	(125,711,730)
	<u>80,239,931</u>	<u>84,008,947</u>
Construction-in-progress	40,444,395	14,865,583
	<u>\$ 120,684,326</u>	<u>\$ 98,874,530</u>

Construction-in-progress at September 30, 2014 and 2013, was primarily related to an expansion project at the Medical Center, which will be completed in the second quarter of fiscal year 2015.

In 2001, the Center purchased 3.8 acres of land in Jupiter and entered into a lease agreement with a related limited partnership to develop a medical office building on the Center's campus. Under the provisions of ASC 840, *Leases*, which specifies accounting for the effect of lessee involvement in asset construction and accounting for leases, and due to the nature of the Center's involvement during and after the construction of the building, the Center was considered to be the owner of the asset during the construction period through lease commencement, even though the funds to construct the building were paid by the related-party partnership that is the lessor. As such, the construction cost of the building of \$6,775,000 was capitalized, and a corresponding amount was recognized as a construction financing obligation. The building is being depreciated on a straight-line basis over a total of 25 years, which is the 15-year lease term, and two 5-year renewal periods. The leases are renewable at the Hospital's option for an additional 10 years. The Center has recorded \$3,252,000 and \$3,523,000, net as of September 30, 2014 and 2013, respectively, relating to this medical office building which is included in property and equipment. The Center has recorded \$3,383,000 and \$3,683,000 as a financing obligation as of September 30, 2014 and 2013, respectively, which is included in long-term debt in the consolidated balance sheets.

(Continued)

JUPITER MEDICAL CENTER, INC. AND AFFILIATED COMPANIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
September 30, 2014 and 2013

NOTE 6 - LONG-TERM DEBT

Long-term debt consists of the following:

	<u>2014</u>	<u>2013</u>
Palm Beach County Health Facilities Authority Hospital Revenue Refunding Bonds, Series 2013A, based on fixed rates, which ranged from 0.74%-4.49% at September 30, 2014, net of unamortized debt premium of \$3,506,000 at September 30, 2014. ⁽¹⁾	48,715,000	50,680,000
Palm Beach County Health Facilities Authority Hospital Revenue Bonds, Series 2013C, based on variable rate, which was 1.19% at September 30, 2014. ⁽²⁾	15,170,866	15,170,866
Palm Beach County Health Facilities Authority Hospital Revenue Bonds, Series 2013B, based on variable rate, which was 1.12% at September 30, 2014. ⁽³⁾	4,938,797	5,436,440
2011 promissory note, due in monthly installments of \$29,770, plus interest through May 1, 2018. ⁽⁴⁾	4,138,022	4,495,262
1.40% TD Bank N.A. Line of Credit	5,000,000	3,400,000
2013 Bond Premium	3,506,073	3,626,625
Lease financing obligations. ⁽⁵⁾	3,383,421	3,683,205
Capital lease obligations	1,386,730	207,435
Working capital note for JMC Specialty Group	168,388	-
	86,407,297	86,699,833
Less portion classified as current liability	<u>(9,310,074)</u>	<u>(6,738,402)</u>
	<u>\$ 77,097,223</u>	<u>\$ 79,961,431</u>

⁽¹⁾ The proceeds of the Series 2013A Bonds were advanced to the Center under an agreement with the Palm Beach County Health Facilities Authority (the Authority) to refund the Series 1993, 1999A, 2009A and 2009B Bonds, pay the costs of issuance of the bonds, and fund both a debt service reserve fund and project fund. The Series 2013A Bonds consist of \$25,955,000 serial bonds maturing in specified amounts through the year 2023; \$2,660,000 term bonds due through 2028; \$5,020,000 term bonds due through 2033, and \$17,045,000 term bonds due through 2044. The bonds had fixed interest rates of 0.74%-4.49% as of September 30, 2014. Interest is payable semiannually on May 1 and November 1 of each year and principal is payable in specified amounts on November 1 of each year through the year 2044. Of the proceeds, \$3,521,052 and \$23,561,908 were deposited in the Debt Service Reserve Fund and the Project Fund, respectively, to be administered by the bond trustee.

(Continued)

JUPITER MEDICAL CENTER, INC. AND AFFILIATED COMPANIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
September 30, 2014 and 2013

NOTE 6 - LONG-TERM DEBT (Continued)

- (2) The proceeds of the Series 2013C Bonds were advanced to the Center under an agreement with the Authority to pay down the 2011 promissory note, pay the costs of issuance of the bonds as well as provide cash for various other projects. The Series 2013C Bonds consist of \$15,170,866 serial bonds maturing through the year 2043. The bonds had a variable interest rate of 1.19% as of September 30, 2014.
- (3) The proceeds of the Series 2013B Bonds were advanced to the Center under an agreement with the Authority to refund the Series 1999B Bonds and pay the costs of issuance of the bonds. The Series 2013B Bonds consist of \$5,603,107 serial bonds maturing through the year 2020. The bonds had a variable interest rate of 1.12% as of September 30, 2014. This note is pari passu with all other MTI Obligations under the Master Trust Indenture.
- (4) On April 5, 2011, the Hospital executed a subordinated promissory note with a financial institution in the amount of \$9,495,000. The proceeds of the note were used to refinance prior obligations utilized to acquire the additional membership interest in the Jupiter Outpatient Surgery Center, LLC (JOSC). Interest is payable monthly at an annual rate of daily adjusted LIBOR plus 1.55%. Monthly principal payments are approximately \$29,770, plus accrued interest through May 1, 2018, at which time the unpaid principal balance is due. This note is pari passu with all other MTI Obligations under the Master Trust Indenture.
- (5) On January 24, 2000, the Hospital signed a ground lease to lease land it currently owns on its campus to a related-party limited partnership for the purpose of developing and constructing a medical office building on the land owned by the Hospital. The Hospital is a limited partner in this related-party limited partnership with an ownership of approximately 51%. The building was completed in June 2001, and the Hospital entered into two leasing agreements for approximately 70% of the available space in the building. As a result of the Hospital's continuing involvement in the partnership subsequent to completion of the construction of the building, the transaction has been recorded as a financing transaction rather than as a sale, and the building and related financing obligation of \$6,775,000 were recognized in the consolidated financial statements. Average annual principal payments over the next two years are approximately \$300,000 based on scheduled annual rent payments, with a balloon payment due in 2017 for the remaining balance. The interest rate implicit in the financing obligation is 4.275%.

As of September 30, 2014, aggregate maturities of long-term debt (excluding the lease financing and capital lease obligations) and mandatory bond sinking fund requirements for the next five years and thereafter are as follows:

<u>Year</u>	<u>Amount</u>
2015	\$ 8,541,515
2016	3,578,907
2017	3,723,907
2018	6,597,969
2019	3,650,000
Thereafter	51,968,973
	<u>78,061,271</u>
Less current portion	(8,541,515)
Less unamortized bond discounts	(3,385,520)
	<u>\$ 66,134,236</u>

(Continued)

JUPITER MEDICAL CENTER, INC. AND AFFILIATED COMPANIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
September 30, 2014 and 2013

NOTE 6 - LONG-TERM DEBT (Continued)

The Center's Series 2013A Bonds, Series 2013B Bonds, and Series 2013C Bonds (collectively, the Bonds) are collateralized by the gross receipts and accounts receivable generated from the Center's operations, as well as substantially all of the Center's property and equipment. In addition, the Master Trust Indenture and supplemental indentures that govern the Bonds contain certain financial and nonfinancial covenants related to the Center's Bonds with which the Center is required to comply.

NOTE 7 - RETIREMENT PLANS

The Center provides a voluntary defined contribution 403(b) retirement plan, which is available to substantially all employees. This plan is not annuity based and allows for self-directed mutual fund investments. The plan consists of a 2% discretionary contribution and a matching component of 50% up to 4% of each employee's voluntary contribution to the 403(b) plan. Contribution expense totaled approximately \$2,138,000 and \$2,742,000 for the years ended September 30, 2014 and 2013, respectively.

NOTE 8 - TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSETS

Temporarily restricted net assets are available for the following purposes at September 30, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Health care services:		
Purchases of property and equipment	\$ 35,540,543	\$ 29,561,514
Other	<u>10,665,524</u>	<u>4,111,807</u>
	<u>\$ 46,206,067</u>	<u>\$ 33,673,321</u>

Permanently restricted net assets at September 30, 2014 and 2013 are restricted to investments held in perpetuity, the income from which is expendable to support health care services.

NOTE 9 - PROFESSIONAL LIABILITY INSURANCE

The Center maintains a risk management program to actively identify and monitor known professional and general liability claims during the year. The Center has a claims-made professional and general commercial liability policy, which provides coverage for all medical malpractice, general commercial, and commercial umbrella claims reported to the insurance carrier during the policy term. Under the policy, the Center is liable for the first \$2,000,000 per claim on the first two claims and then \$1,000,000 for each claim thereafter with a \$1,000,000 self-insured retention, \$1,000,000 buffer, and \$6,000,000 annual aggregate. The Center estimates the liabilities for both asserted and unasserted claims not covered by insurance using a mix of industry experience and the actual malpractice loss experience of the Center as reported under the Center's risk management system. As of September 30, 2014 and 2013, professional liabilities totaled approximately \$3,779,000 and \$6,092,000, respectively. In accordance with ASU 2010-24, an estimated insurance recovery receivable for self-insurance programs of approximately \$1,114,000 and \$921,000 at September 30, 2014 and 2013, respectively, is included in other assets on the consolidated balance sheet.

(Continued)

JUPITER MEDICAL CENTER, INC. AND AFFILIATED COMPANIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
September 30, 2014 and 2013

NOTE 9 - PROFESSIONAL LIABILITY INSURANCE (Continued)

The estimated liability for self-insured claims is discounted at the rate of 3% at September 30, 2014 and 2013. Management of the Center believes that ultimate losses in excess of the liability recorded, if any, will not be material to its consolidated results of operations or financial position. Claims paid during the years ended September 30, 2014 and 2013 approximated \$1,633,000 and \$1,213,000, respectively.

The Center recognized professional liability expense and premium costs in the amount of approximately \$1,493,000 and \$3,063,000 for the years ended September 30, 2014 and 2013, respectively, which is included in insurance expense in the accompanying consolidated statements of operations and changes in net assets.

NOTE 10 - EMPLOYEE HEALTH AND WORKERS' COMPENSATION

The Center is currently self-insured for both employee health insurance and workers' compensation insurance. The Center has commercial insurance coverage for excess workers' compensation claims that exceed \$500,000 per occurrence. All claims are submitted to and processed by a plan trustee or third-party administrator. An estimated accrual for claims incurred but not reported determined by actuaries under the workers' compensation plan has been recorded in the accompanying consolidated balance sheets. At September 30, 2014 and 2013, the workers' compensation liabilities have been discounted at 4% based on actuarial assumptions. At September 30, 2014, the Center has accrued approximately \$966,000 and \$820,000, respectively, related to workers' compensation and employee health insurance. At September 30, 2013, the Center has accrued approximately \$948,000 and \$1,021,000, respectively, related to workers' compensation and employee health insurance.

Workers' compensation and health insurance claims expense, net of employee paid premiums, charged to operations were approximately \$4,714,000 and \$9,004,000 for the years ended September 30, 2014 and 2013, respectively.

NOTE 11 - FUNCTIONAL EXPENSES

The Center provides general health care services to residents within Palm Beach County and the southern portion of Martin County. Expenses related to providing these services for the years ended September 30, 2014 and 2013 are as follows:

	<u>2014</u>	<u>2013</u>
Health care services	\$ 118,403,707	\$ 151,321,673
General, administrative, and fundraising	<u>72,570,014</u>	<u>37,830,418</u>
	<u>\$ 190,973,721</u>	<u>\$ 189,152,091</u>

Fundraising expenses were not material to the Center's consolidated financial statements in the years ended September 30, 2014 and 2013.

(Continued)

JUPITER MEDICAL CENTER, INC. AND AFFILIATED COMPANIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
September 30, 2014 and 2013

NOTE 12 - COMMITMENTS AND CONTINGENCIES

Operating Leases: The Center leases certain office space and equipment under various noncancelable operating leases. Certain of these leases contain stated escalation clauses, while others contain renewal options. Rent expense for 2014 and 2013 amounted to approximately \$4,399,000 and \$4,111,000, respectively.

Future minimum payments under these noncancelable operating leases with terms of one year or more at September 30, 2014, consist of the following:

2015	\$ 3,904,591
2016	3,286,690
2017	1,447,046
2018	898,800
2019	596,184
2020	813,186
Total minimum rental commitments	10,946,497
Less minimum sublease rentals	(1,425,304)
	<u>\$ 9,521,193</u>

Line of Credit: Since October 1, 2009, the Center has maintained a \$10,000,000 line of credit with financial institutions for the purpose of supporting operational and capital needs as necessary. On April 5, 2011, the Center entered into a replacement line of credit in the amount of \$10,000,000 for a three-year period. Interest is payable monthly on the principal balance at an annual rate of adjusted daily LIBOR plus 1.25%. At September 30, 2014 and 2013, \$5,000,000 and \$3,400,000, respectively, was outstanding on the line of credit.

Litigation: The Center is involved in litigation and regulatory investigations arising in the ordinary course of business. While there are uncertainties inherent in the ultimate outcome of such matters and it is impossible to presently determine the ultimate costs that may be incurred, management believes the resolution of such uncertainties and the incurrence of such costs will not have a material adverse effect on the Center's future financial position or results from operations.

NOTE 13 - RELATED PARTIES

In 1996, the Center entered into two real estate joint ventures that are accounted for under the equity method. The Center was a limited partner that held approximately 28% and 34% equity investment shares in these real estate ventures. The buildings, owned by the two joint ventures, housed physician offices, as well as a wellness center, information services, wound care, and a women's center. As of December 2013, both joint ventures were sold. As of September 30, 2014 and 2013, the Center's excess of cumulative distributions received from the partnerships over the Center's cumulative net earnings in the investment totaled approximately \$0 and \$1,033,000, respectively. As these investments were in real estate ventures, the Center has recorded a liability equal to these amounts within accrued expenses in the accompanying consolidated balance sheets at September 30, 2014 and 2013 for the excess distributions.

(Continued)

JUPITER MEDICAL CENTER, INC. AND AFFILIATED COMPANIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
September 30, 2014 and 2013

NOTE 13 - RELATED PARTIES (Continued)

In 2000, the Center entered into a long-term contract to lease a portion of its land to a real estate partnership. The Center holds a 51% equity investment as a limited partner in this real estate partnership. The general partner manages and controls the operation of a medical office building on this land. This transaction has been accounted for as a financing arrangement under the provisions of ASC 810, *Consolidation*. At September 30, 2006, the Center held a 20% interest in the JOSC, an ambulatory surgery center. In April 2007, the Center purchased additional membership interests for approximately \$12,000,000, increasing its ownership to approximately 61%. The remaining 39% interest is owned by physicians associated with the Center. The Center is accounting for its interest in the JOSC under the equity method of accounting in accordance with the provisions of ASC 810 and ASC 323, *Investments, Equity Method and Joint Ventures*.

NOTE 14 - DISCLOSURES ABOUT FAIR VALUE OF FINANCIAL INSTRUMENTS

ASC 820, *Fair Value Measurement and Disclosures*, describes three levels within the fair value hierarchy, based on the lowest level of any input that is significant to the fair value measurement. The following provides a description of the three levels of inputs that may be used to measure fair value:

Level 1: Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets and liabilities.

Level 2: Observable prices that are based on inputs not quoted on active markets but corroborated by observable market data (interest rates, credit risk, quotes or prices of similar assets or liabilities, etc.).

Level 3: Unobservable inputs when there is little or no market data available, thereby requiring an entity to develop its own assumptions.

The following tables set forth the level within the fair value hierarchy for each of the Center's financial assets and liabilities including investments, assets limited as to use, and donor restricted assets, as of September 30, 2014 and 2013, which are measured at fair value on a recurring basis:

	September 30, 2014		
	Level 1	Level 2	Level 3
Cash and cash equivalents	\$49,534,061	\$ -	\$ -
Certificates of deposit with maturities greater than 90 days	-	1,984,346	-
U.S. Treasury obligations	3,383,836	-	-
U.S. government, agency and municipal securities	2,452,443	-	-
Corporate bonds	-	6,876,088	-
Alternative investments	-	-	5,023,902
Marketable securities	35,583,909	-	-
Total assets	<u>\$90,954,249</u>	<u>\$ 8,860,434</u>	<u>\$ 5,023,902</u>

There were no significant transfers between Level 1 and Level 2 during 2014.

(Continued)

JUPITER MEDICAL CENTER, INC. AND AFFILIATED COMPANIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
September 30, 2014 and 2013

NOTE 14 - DISCLOSURES ABOUT FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

	September 30, 2013		
	Level 1	Level 2	Level 3
Cash and cash equivalents	\$61,453,958	\$ -	\$ -
Certificates of deposit with maturities greater than 90 days	-	3,520,328	-
U.S. Treasury obligations	8,894,037	-	-
U.S. government, agency and municipal securities	5,088,845	-	-
Corporate bonds	-	10,749,832	-
Marketable securities	23,831,875	-	-
Total assets	\$99,268,715	\$14,270,160	\$ -

There were no significant transfers between Level 1 and Level 2 during 2013.

The Center's fixed income securities, or corporate bonds, consist of high-quality, investment grade securities from diverse issuers with minimum credit ratings. The Center values these securities based on pricing from the trustees, whose sources may use quoted prices in active markets for identical assets (Level 1 inputs) or inputs other than quoted prices that are observable either directly or indirectly (Level 2 inputs) in determining fair value. The Center classified all of its fixed income securities as Level 2 in fiscal 2014 and 2013.

The following methods and assumptions were used to estimate the fair value of each class of financial instruments for which it is practical to estimate that value:

Cash and Cash Equivalents – The carrying amounts approximate fair value because of the short maturity of those instruments.

Investments and Assets Limited as to Use – The fair value of cash and cash equivalents, U.S. Treasury obligations, US government, agency, and municipal securities, and marketable securities is based on quoted market prices for those assets (Level 1). Fair value of certificates of deposit with maturities greater than 90 days and corporate bonds is based on quoted prices for similar assets or liabilities or other inputs that are observable or can be corroborated by observable market data (Level 2). The fair value of alternative investments, consisting primarily of hedge funds, which are not traded in an active market have been estimated using the net asset value per share of the investments, as reported by the fund managers in audited fund investment statements provided to and reviewed by the Center's management. Management analyzes the investment valuation methods used by the fund managers, as reported in the audited financial statements. Additionally, when the audited financial statements of a hedge fund are as of a different date than the Center's financial statement date, management evaluates the gap period, with consideration of specific fund transactions and investment returns of established benchmarks for that gap period. Hedge fund investments generally have diversified investment strategies (multi-strategy funds) to reduce risks and volatility. While all hedge fund investments are reported at net asset value, as a practical expedient for estimating fair value, funds which have redemption restrictions of indefinite duration or that exceed a 90-day time period are classified as Level 3 measurements. The Center had no outstanding funding commitments to any of the hedge funds as of September 30, 2014.

Patient Accounts Receivable – The carrying amounts reported in the consolidated balance sheets for patient accounts receivable, net of estimated allowances for contractual adjustments and bad debts, approximate fair value.

(Continued)

JUPITER MEDICAL CENTER, INC. AND AFFILIATED COMPANIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
September 30, 2014 and 2013

NOTE 14 - DISCLOSURES ABOUT FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

Accounts Payable and Accrued Expenses – The carrying amounts reported in the consolidated balance sheets for accounts payable and accrued expenses approximate fair value.

Estimated Third-Party Payor Settlements – The carrying amounts reported in the consolidated balance sheets for estimated third-party payor settlements approximate fair value.

Long-Term Debt – The fair value of the Center's fixed rate long-term debt, excluding capital lease obligations, is estimated based on the quoted market rates. Market rates are estimated using current rates for long-term obligations with similar credit risks. The carrying amounts of the Center's variable-rate obligations, mortgage payable, capital leases, and line-of-credit obligation approximate fair value.

The carrying amounts reported in the consolidated balance sheets for cash and cash equivalents, patient accounts receivable and current liabilities approximate fair value due to the short-term nature of these financial instruments.

The carrying amounts and fair value of the Center's financial instruments in the consolidated balance sheets at September 30, 2014 and 2013 are as follows:

	2014		2013	
	<u>Carrying Amount</u>	<u>Fair Value</u>	<u>Carrying Amount</u>	<u>Fair Value</u>
Investments, donor restricted assets and assets limited as to use	\$ 104,838,585	\$ 104,838,585	\$ 113,538,875	\$ 113,538,875
Long-term debt	(74,492,223)	(74,492,223)	(79,961,431)	(79,961,431)

NOTE 15 - ENDOWMENTS

The Center follows accounting rules that provide guidance on the net asset classification of donor-restricted endowment funds for not-for-profit organizations subject to a state-enacted version of the Uniform Management of Institutional Funds Act of 2006. The Center's endowment is subject to the State of Florida Uniform Management of Institutional Funds Act (FUMIFA) as enacted in 2003. Effective July 1, 2012, the Florida Uniform Prudent Management of Institutional Funds Act (FUPMIFA) replaced FUMIFA. FUPMIFA enhances provisions of FUMIFA; apply to all charitable institutions, not just those associated exclusively with education purposes; allow pooling of institutional funds for purpose of managing and investing; delineate factors to be considered prior to expenditure of funds; provide new procedures for releasing restrictions on small institutional funds; provide for modification of restrictions on the use of endowment funds; and provide for reversion of real property to the board of trustees of the State of Florida Internal Improvement Trust Fund if an entity holding a deed subject to a reverter clause violates the deed restrictions.

The following disclosures are made as required by these rules.

The Center's endowments consist of approximately eight individual funds established for a variety of purposes. As required by generally accepted accounting principles, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

(Continued)

JUPITER MEDICAL CENTER, INC. AND AFFILIATED COMPANIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
September 30, 2014 and 2013

NOTE 15 - ENDOWMENTS (Continued)

The Board of Trustees of the Center has interpreted the FUPMIFA as requiring the presentation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Center classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the organization in a manner consistent with the standard of prudence prescribed by FUPMIFA.

In accordance with FUPMIFA, the Center considers the following factors in determining prudent investment conduct:

- (1) General economic conditions
- (2) Possible effect of inflation or deflation
- (3) Expected tax consequences, if any, of investment decisions or strategies
- (4) Role that each investment or course of action plays within the overall investment portfolio of the fund
- (5) The expected total return from income and the appreciation of investments
- (6) Other resources of the Center
- (7) Needs of the Center and the fund to make distributions and preserve capital
- (8) An assets special relationship or special value, if any, to the charitable purposes of the Center

In accordance with FUPMIFA, the Center considers the following factors when making a determination to appropriate or accumulate donor-restricted funds:

- (1) The duration and preservation of the fund
- (2) The purposes of the Center and the donor-restricted endowment fund
- (3) General economic conditions
- (4) The possible effect of inflation and deflation
- (5) The expected total return from income and the appreciation of investments
- (6) Other resources of the Center
- (7) The investment policies of the Center

The Center has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowments while seeking to maintain purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Center must hold in perpetuity for a donor-specific period(s), as well as board-designated funds. Under this policy, as approved by the Board of Trustees, the endowment assets are invested in a manner that is intended to produce a real return, net of inflation and investment management costs.

To satisfy its long-term rate-of-return objectives and reduce risk, the Center's portfolio is composed of diversified assets, including both equity and fixed-income investments. The equities are intended to provide current income, growth of income, and appreciation of principal. The fixed income investments are intended to provide a predictable and reliable source of interest income while reducing the volatility of the portfolio.

(Continued)

JUPITER MEDICAL CENTER, INC. AND AFFILIATED COMPANIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
September 30, 2014 and 2013

NOTE 15 - ENDOWMENTS (Continued)

In establishing the Center's policy for the appropriation of endowment assets for expenditure, the Center considered the long-term expected return on its endowments. Accordingly, in order to maintain the purchasing power of the endowment assets held in perpetuity or for a specific term, it is the Center's objective to provide additional real growth through new gifts and investment return and make appropriations at the discretion of the Board of Trustees.

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or FUPMIFA requires the Center to retain as a fund of perpetual duration. Deficiencies of this nature would be reported in unrestricted net assets. There were no deficiencies recorded at September 30, 2014 or 2013.

FUPMIFA, absent donor's written consent, allows the Board of Trustees to authorize the release of a fund less than \$100,000 (up to a cap of \$250,000) with notification provided to the Attorney General of the State of Florida and approval of the circuit court. The Center did not undertake any such releases.

At September 30, 2014 and 2013, the endowment net asset composition by type of fund consisted of the following:

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
2014				
Donor-restricted endowment funds	\$ -	\$ 3,948,150	\$ 3,296,401	\$ 7,244,551
	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
2013				
Donor-restricted endowment funds	\$ 3,869,646	\$ 609,319	\$ 3,296,401	\$ 7,775,366
Board-designated endowment funds	17,122,672	-	-	17,122,672
	<u>\$ 20,992,318</u>	<u>\$ 609,319</u>	<u>\$ 3,296,401</u>	<u>\$ 24,898,038</u>

(Continued)

JUPITER MEDICAL CENTER, INC. AND AFFILIATED COMPANIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
September 30, 2014 and 2013

NOTE 15 - ENDOWMENTS (Continued)

Changes in endowment net assets for the fiscal year ended September 30, 2014 and 2013 consisted of the following:

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
2014				
Endowment net assets, beginning of year	\$ 20,992,318	\$ 609,319	\$ 3,296,401	\$ 24,898,038
Investment return:				
Investment income	226,774	165,642	-	392,416
Net appreciation (realized and (unrealized))	(44,131) 1,102,519	(30,762) 584,305	-	(74,893) 1,686,824
Total investment return	1,285,162	719,185	-	2,004,347
Contributions	4,000,000	-	-	4,000,000
Transfers	(26,277,480)	3,869,646	-	(22,407,834)
Appropriation of endowment assets for expenditures	-	(1,250,000)	-	(1,250,000)
Endowment net assets, end of year	<u>\$ -</u>	<u>\$ 3,948,150</u>	<u>\$ 3,296,401</u>	<u>\$ 7,244,551</u>

During 2014, \$22,407,480 in Board-designated endowment funds was transferred to Board-designated investments, which are included in assets limited as to use, by the Board for capital improvements on the consolidated balance sheet.

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
2013				
Endowment net assets, beginning of year	\$ 18,686,940	\$ 477,116	\$ 2,852,891	\$ 22,016,947
Investment return:				
Investment income	424,965	24,285	-	449,250
Net appreciation (realized and (unrealized))	1,880,413	107,918	-	1,988,331
Total investment return	2,305,378	132,203	-	2,437,581
Contributions	-	-	443,510	443,510
Endowment net assets, end of year	<u>\$ 20,992,318</u>	<u>\$ 609,319</u>	<u>\$ 3,296,401</u>	<u>\$ 24,898,038</u>

(Continued)

JUPITER MEDICAL CENTER, INC. AND AFFILIATED COMPANIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
September 30, 2014 and 2013

NOTE 15 - ENDOWMENTS (Continued)

The following represents the corpus and related income of endowment funds, by purpose, at September 30, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Health care services:		
Cancer	\$ 1,063,802	\$ 977,989
Henderson, greatest need	987,933	908,239
Ahlbin, greatest need	1,241,824	1,141,253
Loxahatchee, greatest need	2,832,955	3,720,083
Coxe, greatest need	225,374	207,193
Katz, greatest need	385,629	354,520
Hartzog, greatest need	396,536	364,514
Goldberg, greatest need of the physicians	110,498	101,575
Board designated (two funds), greatest need	<u>-</u>	<u>17,122,672</u>
	<u>\$ 7,244,551</u>	<u>\$ 24,898,038</u>

NOTE 16 - SUBSEQUENT EVENTS

The Center evaluated events and transactions occurring subsequent to September 30, 2014, through January 20, 2015, the date the financial statements were issued. During this period, there were no subsequent events that required recognition or disclosure in the consolidated financial statements.

SUPPLEMENTAL INFORMATION

JUPITER MEDICAL CENTER, INC. AND AFFILIATED COMPANIES
CONSOLIDATING BALANCE SHEET
September 30, 2014

	Jupiter Medical Center, Inc.	Jupiter Medical Center Pavilion, Inc.	Jupiter Medical Center Foundation, Inc.	Obligated Group	Jupiter Medical Center Physicians Group, Inc.	Auxiliary	Eliminations	Consolidated
ASSETS								
Current assets:								
Cash and cash equivalents	\$ 14,586,455	\$ 3,041,627	\$ 1,329,963	\$ 18,958,045	\$ 192,235	\$ 594,512	\$ -	\$ 19,744,792
Short-term investments	2,082,001	-	-	2,082,001	-	-	-	2,082,001
Accounts receivable, less allowance for doubtful accounts of \$16,714,040	26,220,535	801,575	-	27,022,110	302,773	-	-	27,324,883
Pledges receivable - net, current portion, less allowance for doubtful pledges of \$60,000	-	-	3,871,743	3,871,743	-	-	-	3,871,743
Due from related parties	5,374,638	2,773,134	-	8,147,772	-	-	(8,147,772)	-
Inventories, prepaid expenses, and other current assets	9,387,564	22,717	130,401	9,540,682	15,901	31,648	-	9,588,231
Total current assets	57,651,193	6,639,053	5,332,107	69,622,353	510,909	626,160	(8,147,772)	62,611,650
Assets limited as to use								
By board for capital improvements	7,549,713	-	38,680,393	46,230,106	-	-	-	46,230,106
Under bond indenture agreement, held by trustees	15,734,794	-	-	15,734,794	-	-	-	15,734,794
Held for self-insurance programs and other	1,855,311	-	-	1,855,311	-	-	-	1,855,311
Donor restricted	-	-	27,994,636	27,994,636	-	-	-	27,994,636
Total assets limited as to use	25,139,818	-	66,675,029	91,814,847	-	-	-	91,814,847
Pledges receivable, net of current portion	-	-	13,741,492	13,741,492	-	-	-	13,741,492
Long-term investments	3,572,504	-	7,369,232	10,941,736	-	-	-	10,941,736
Property and equipment, net	118,909,110	1,775,216	-	120,684,326	-	-	-	120,684,326
Other assets:								
Unamortized financing costs	1,646,608	-	-	1,646,608	-	-	-	1,646,608
Other	12,734,788	-	-	12,734,788	-	-	-	12,734,788
Total other assets	14,381,396	-	-	14,381,396	-	-	-	14,381,396
Total assets	\$ 219,654,021	\$ 8,414,269	\$ 93,117,860	\$ 321,186,150	\$ 510,909	\$ 626,160	\$ (8,147,772)	\$ 314,175,447

(Continued)

JUPITER MEDICAL CENTER, INC. AND AFFILIATED COMPANIES
CONSOLIDATING BALANCE SHEET
September 30, 2014

	Jupiter Medical Center, Inc.	Jupiter Medical Center Pavilion, Inc.	Jupiter Medical Center Foundation, Inc.	Obligated Group	Jupiter Medical Center Physicians Group, Inc.	Auxiliary	Eliminations	Consolidated
LIABILITIES AND NET ASSETS								
Current liabilities								
Accounts payable and accrued expenses	\$ 22,921,196	\$ 573,636	\$ 203,074	\$ 23,697,906	\$ 106,516	\$ 13,703	\$ -	\$ 23,818,125
Estimated third party settlements payable	61,467	-	-	61,467	-	-	-	61,467
Accrued interest payable	973,932	-	-	973,932	-	-	-	973,932
Accrued liability for self-insurance programs, current portion	2,353,100	78,592	-	2,431,692	-	-	-	2,431,692
Current portion of long-term debt	9,310,074	-	-	9,310,074	-	-	-	9,310,074
Due to related parties	-	-	812,895	812,895	7,778,876	(443,999)	(8,147,772)	-
Other current liabilities	58,544	189	50,145	108,878	-	-	-	108,878
Total current liabilities	35,676,313	652,417	1,066,114	37,396,844	7,885,392	(430,296)	(8,147,772)	36,704,168
Long-term debt	77,097,223	-	-	77,097,223	-	-	-	77,097,223
Other liabilities:								
Accrued liability for self-insurance programs, net of current portion	4,847,658	-	-	4,847,658	-	-	-	4,847,658
Other long term liabilities	2,468,416	-	-	2,468,416	-	-	-	2,468,416
Total other liabilities	7,316,074	-	-	7,316,074	-	-	-	7,316,074
Total liabilities	120,091,610	652,417	1,066,114	121,810,141	7,885,392	(430,296)	(8,147,772)	121,117,465
Net assets:								
Unrestricted	99,562,411	7,761,852	42,549,278	149,873,541	(7,374,483)	1,056,456	-	143,555,514
Temporarily restricted	-	-	46,206,067	46,206,067	-	-	-	46,206,067
Permanently restricted	-	-	3,296,401	3,296,401	-	-	-	3,296,401
Total net assets	99,562,411	7,761,852	92,051,746	199,376,009	(7,374,483)	1,056,456	-	193,057,982
Total liabilities and net assets	\$ 219,654,021	\$ 8,414,269	\$ 93,117,860	\$ 321,186,150	\$ 510,909	\$ 626,160	\$ (8,147,772)	\$ 314,175,447

JUPITER MEDICAL CENTER, INC. AND AFFILIATED COMPANIES
CONSOLIDATING STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS
Year Ended September 30, 2014

	Jupiter Medical Center, Inc.	Jupiter Medical Center Pavilion, Inc.	Jupiter Medical Center Foundation, Inc.	Obligated Group	Jupiter Medical Center Physicians Group, Inc.	Auxiliary	Eliminations	Consolidated
Unrestricted revenue:								
Patient service revenue, (net of contractual allowance and discounts)	\$ 182,981,337	\$ 7,582,466	\$ -	\$ 190,563,803	\$ 2,382,947	\$ -	\$ (122,024)	\$ 192,824,726
Provision for bad debts	(11,470,069)	(78,381)	-	(11,548,450)	(121,981)	-	-	(11,670,411)
Net patient service revenue, less provision for bad debts	171,511,268	7,504,085	-	179,015,353	2,260,966	-	(122,024)	181,154,315
Contributions	-	-	2,900,445	2,900,445	-	-	-	2,900,445
Other revenue	6,636,887	1,530,903	36	8,167,826	6,701	955,273	(3,537)	9,126,263
Investment income	2,859,763	455	1,641,996	4,502,214	25	2,223	-	4,504,462
Change in net unrealized gains	22,944	-	1,183,977	1,206,921	-	-	-	1,206,921
Net assets released from restrictions, used for operations	548,608	-	122,836	671,444	-	-	-	671,444
Total unrestricted revenue	181,579,470	9,035,443	5,849,290	186,464,203	2,267,712	957,496	(125,561)	199,563,850
Expenses:								
Salaries	66,307,586	4,168,971	833,651	71,310,208	2,355,718	276,101	-	73,942,027
Benefits	11,816,276	792,045	158,395	12,766,716	429,426	-	-	13,196,142
Contract labor	1,807,382	62,363	-	1,869,745	6,540	-	-	1,876,285
Supplies	45,087,314	831,571	28,993	45,957,878	75,351	113,668	-	46,146,897
Purchased services	23,806,394	1,350,392	1,129,869	26,286,655	646,192	55,337	(51,692)	26,936,492
Interest	1,488,467	-	-	1,488,467	-	-	-	1,488,467
Insurance	3,314,349	139,688	-	3,454,037	96,129	-	-	3,550,166
Utilities	2,099,377	198,072	-	2,297,449	10,511	13,763	-	2,321,723
Equipment and building rental	4,189,148	49,139	7,968	4,246,255	152,987	2,131	-	4,401,373
Depreciation	11,942,841	365,524	-	12,308,365	70,427	-	-	12,378,792
Other expenses	4,010,447	308,677	377,720	4,696,844	46,225	66,157	(73,869)	4,735,357
Total expenses	175,879,581	8,266,442	2,536,596	186,682,619	3,869,506	527,157	(125,561)	190,973,721
Excess (deficiency) of revenue over expenses	5,699,889	768,001	3,312,694	9,781,584	(1,621,794)	430,339	-	8,590,129

(Continued)

JUPITER MEDICAL CENTER, INC. AND AFFILIATED COMPANIES
CONSOLIDATING STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS
Year Ended September 30, 2014

	Jupiter Medical Center, Inc.	Jupiter Medical Center Pavilion, Inc.	Jupiter Medical Center Foundation, Inc.	Obligated Group	Jupiter Medical Center Physicians Group, Inc.	Auxiliary	Eliminations	Consolidated
Unrestricted net assets:								
Excess (deficiency) of revenues over expenses	\$ 5,699,889	\$ 769,001	\$ 3,312,894	\$ 9,781,584	\$ (1,621,794)	\$ 430,339	\$ -	\$ 8,590,129
Net assets released from restrictions, used for additions to property	3,592,008	350	-	3,592,358	-	-	-	3,592,358
Net assets transfers to affiliates	33,402	-	(33,402)	-	-	-	-	-
Transfers to temporarily restricted net assets	-	-	(1,585,506)	(1,585,506)	-	-	-	(1,585,506)
Other changes in unrestricted net assets	453,207	-	-	453,207	-	-	-	453,207
Increase (decrease) in unrestricted net assets	9,778,506	769,351	1,693,786	12,241,543	(1,621,794)	430,339	-	11,050,188
Temporarily restricted net assets:								
Restricted contributions	-	-	15,060,492	15,060,492	-	-	-	15,060,492
Change in net unrealized gains on investments	-	-	73,360	73,360	-	-	-	73,360
Investment income	-	-	77,190	77,190	-	-	-	77,190
Transfers from unrestricted net assets	-	-	1,585,506	1,585,506	-	-	-	1,585,506
Net assets released from restrictions	-	-	(4,263,802)	(4,263,802)	-	-	-	(4,263,802)
Increase in temporarily restricted net assets	-	-	12,532,746	12,532,746	-	-	-	12,532,746
Increase (decrease) in net assets	9,778,506	769,351	14,226,532	24,774,389	(1,621,794)	430,339	-	23,582,934
Net assets at beginning of year	89,186,927	6,992,501	78,422,192	174,601,620	(5,752,689)	626,117	-	169,475,048
Net assets at end of year	<u>\$ 98,965,433</u>	<u>\$ 7,761,852</u>	<u>\$ 92,648,724</u>	<u>\$ 199,376,009</u>	<u>\$ (7,374,483)</u>	<u>\$ 1,056,456</u>	<u>\$ -</u>	<u>\$ 193,057,982</u>