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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 10-01-2014, and ending 09-30-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization
HOMESTEAD HOSPITAL INC

% FINANCE DEPARTMENT

Doing business as

Number and street (or P O box if mail is not delivered to street address)
975 BAPTIST WAY

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
HOMESTEAD, FL 33033

F Name and address of principal officer
WILLIAM M DUQUETTE
975 BAPTIST WAY
HOMESTEAD, FL 33033

H(a) Is this a group return for subordinates?

☐ Yes☒ No

H(b) Are all subordinates included?

☐ Yes☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3)

☐ 501(c) () ◀(insert no)

☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.BAPTISTHEALTH.NET

K Form of organization

☒ Corporation☐ Trust☐ Association☐ Other ▶

L Year of formation 1991

M State of legal domicile FL

Part I Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities SEE STATEMENT 1
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets
	3	Number of voting members of the governing body (Part VI, line 1a) 17
	4	Number of independent voting members of the governing body (Part VI, line 1b) 15
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a) 1,242
	6	Total number of volunteers (estimate if necessary) 246
Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12 17,510
	7b	Net unrelated business taxable income from Form 990-T, line 34 14,450
	8	Contributions and grants (Part VIII, line 1h) 46,863
	9	Program service revenue (Part VIII, line 2g) 345,995,354
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 17,352
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,786,905
Expenses	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 348,846,474
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 89,961,093
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 293,582,218
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 383,543,311
	19	Revenue less expenses Subtract line 18 from line 12 -34,696,837
	20	Total assets (Part X, line 16) 82,414,143
	21	Total liabilities (Part X, line 26) 406,842,198
	22	Net assets or fund balances Subtract line 21 from line 20 -324,428,055

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

MATTHEW ARSENAULT VP OF FINANCE
Type or print name and title

2016-08-03
Date

Paid Preparer Use Only

Print/Type preparer's name

Firm's name ▶ DELOITTE TAX LLP

Firm's address ▶ 201 N FRANKLIN STREET SUITE 3600
TAMPA, FL 336025818

Preparer's signature

Preparer's EIN ▶

Phone no

Date

Check ☐ if self-employed

PTIN

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

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

Form **990** (2014)

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)? <i>If "Yes," complete Schedule A</i> 	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		No
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? <i>If "Yes," complete Schedule C, Part III</i>		No
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? <i>If "Yes," complete Schedule D, Part I</i> 		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? <i>If "Yes," complete Schedule D, Part II</i> 		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 		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? <i>If "Yes," complete Schedule D, Part IV</i> 		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 		No
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? <i>If "Yes," complete Schedule D, Part VI</i> 	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? <i>If "Yes," complete Schedule D, Part VII</i> 		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? <i>If "Yes," complete Schedule D, Part VIII</i> 		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? <i>If "Yes," complete Schedule D, Part IX</i> 	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	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)? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		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? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 	Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	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 domestic 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 or for domestic individuals 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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 "Yes," 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	Yes	
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		No
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		
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

1a

Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable

1a

0

1b

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

1b

0

c

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

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

2a

0

b

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)

2b

3a

Did the organization have unrelated business gross income of \$1,000 or more during the year?

3a

Yes

b

If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*

3b

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)?

4a

No

b

If "Yes," enter the name of the foreign country
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

5a

Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

5a

No

b

Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

5b

No

c

If "Yes," to line 5a or 5b, did the organization file Form 8886-T?

5c

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?

6a

No

b

If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

6b

7

Organizations that may receive deductible contributions under section 170(c).

a

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?

7a

No

b

If "Yes," did the organization notify the donor of the value of the goods or services provided?

7b

c

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

7c

No

d

If "Yes," indicate the number of Forms 8282 filed during the year

7d

e

Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

7e

No

f

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

7f

No

g

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

7g

h

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

7h

8

Sponsoring organizations maintaining donor advised funds.
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

8

No

9a

Did the sponsoring organization make any taxable distributions under section 4966?

9a

No

b

Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

9b

No

10

Section 501(c)(7) organizations. Enter

a

Initiation fees and capital contributions included on Part VIII, line 12

10a

b

Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

10b

11

Section 501(c)(12) organizations. Enter

a

Gross income from members or shareholders

11a

b

Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)

11b

12a

Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

12a

b

If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12b

13

Section 501(c)(29) qualified nonprofit health insurance issuers.

a

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

13a

b

Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

13b

c

Enter the amount of reserves on hand

13c

14a

Did the organization receive any payments for indoor tanning services during the tax year?

14a

No

b

If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*

14b

Form 990 (2014)

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	17	
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			
1b	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	Yes
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	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body?	8a	Yes
8b	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
10b	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
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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?		
15a	a The organization's CEO, Executive Director, or top management official	15a	No
15b	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	No
16b	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	

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
FINANCE DEPARTMENT
6855 RED ROAD STE 200
CORAL GABLES, FL 33143 (786) 662-7000

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			

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			

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	1,788,319	630,578	303,335

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization106

	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>	3	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>	4 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>	5	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
OLYMPIA LLP, P O BOX 025278 MIAMI, FL 331025278	PHYSICIAN SERVICES	3,866,497
SOUTH DADE MEDICAL GROUP LLC, PO BOX 901430 HOMESTEAD, FL 33090	PHYSICIAN SERVICES	3,803,610
GREATER MIAMI ANESTHESIA SERVICES P, 7337 SW 169 TERR PALMETTO BAY, FL 33157	PHYSICIAN SERVICES	3,212,409
PEDIATRIC EMERGENCY NETWORK PA, 2080 SW 59 AVE PLANTATION, FL 33317	PHYSICIAN SERVICES	1,465,151
ALL STAR RECRUITING INC, 4400 W SAMPLE ROAD STE 250 COCONUT CREEK, FL 33073	ON CALL SERVICES	1,243,603
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	37	

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	67,871				
	e	Government grants (contributions)	1e					
	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		67,871				
Program Service Revenue			Business Code					
	2a	NET PATIENT REVENUE	621300	331,686,687	331,686,687			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		331,686,687				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		71,261		71,261		
	4	Income from investment of tax-exempt bond proceeds		0				
	5	Royalties		0				
	6a	Gross rents	(i) Real	(ii) Personal				
			403,288					
		b	Less rental expenses	195,673				
		c	Rental income or (loss)	207,615				0
	d	Net rental income or (loss)		207,615		207,615		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
				61,335				
		b	Less cost or other basis and sales expenses					4,750
		c	Gain or (loss)					56,585
	d	Net gain or (loss)		56,585		56,585		
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a					
		b	Less direct expenses	b				
		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	b				
		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	b				
		c	Net income or (loss) from sales of inventory					0
Miscellaneous Revenue		Business Code						
11a	CAFETERIA	722514	1,208,737			1,208,737		
b	GIFT SHOP	453220	489,464			489,464		
c	ELECTRONIC HEALTH RECORDS INCENTIVE	900099	714,426			714,426		
d	All other revenue		39,706		17,510	22,196		
e	Total. Add lines 11a-11d		2,452,333					
12	Total revenue. See Instructions		334,542,352	331,686,687	17,510	2,770,284		

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 domestic organizations and domestic governments. See Part IV, line 21.	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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.	846,554		846,554	
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.	73,706,192	63,369,834	10,336,358	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	3,176,500	2,700,025	476,475	
9	Other employee benefits.	6,706,169	5,700,244	1,005,925	
10	Payroll taxes.	5,308,241	4,512,005	796,236	
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	496,018		496,018	
c	Accounting.	131,102		131,102	
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	36,530,550	33,805,886	2,724,664	
12	Advertising and promotion.	1,049,122	891,754	157,368	
13	Office expenses.	5,656,883	4,808,351	848,532	
14	Information technology.	10,627,293	9,033,199	1,594,094	
15	Royalties.	0			
16	Occupancy.	2,789,220	2,370,837	418,383	
17	Travel.	134,930	114,690	20,240	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	4,859	4,130	729	
20	Interest.	5,860,338	4,981,287	879,051	0
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	4,210,348	3,578,796	631,552	
23	Insurance.	11,604,033	11,604,033		
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	PROVISION FOR BAD DEBTS	74,440,787	74,440,787		
b	MEDICAL SUPPLIES	15,344,466	15,344,466		
c	MANAGEMENT FEE TO AFFILIATE	26,013,666	22,111,616	3,902,050	
d	CHARITY CARE	81,260,419	81,260,419		
e	All other expenses	4,578,136	3,621,504	956,632	
25	Total functional expenses. Add lines 1 through 24e.	370,475,826	344,253,863	26,221,963	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 ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		4,310	1	4,513
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		17,650,951	4	21,873,336
	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		0	7	0
	8	Inventories for sale or use		1,768,056	8	2,142,453
	9	Prepaid expenses and deferred charges		272,467	9	342,122
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a66,943,793	36,006,771	10c	34,341,822
	b	Less: accumulated depreciation	10b32,601,971			
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		26,711,588	15	23,615,354
	16	Total assets. Add lines 1 through 15 (must equal line 34)		82,414,143	16	82,319,600
Liabilities	17	Accounts payable and accrued expenses		28,857,053	17	31,738,871
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		124,143,653	20	121,876,164
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	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		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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		253,841,492	25	291,299,981
	26	Total liabilities. Add lines 17 through 25		406,842,198	26	444,915,016
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		-329,175,991	27	-367,818,855
	28	Temporarily restricted net assets		4,747,936	28	5,223,439
	29	Permanently restricted net assets		0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ 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		-324,428,055	33	-362,595,416
	34	Total liabilities and net assets/fund balances		82,414,143	34	82,319,600

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	334,542,352
2	Total expenses (must equal Part IX, column (A), line 25)	2	370,475,826
3	Revenue less expenses Subtract line 2 from line 1	3	-35,933,474
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-324,428,055
5	Net unrealized gains (losses) on investments	5	
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	-2,233,887
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-362,595,416

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 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		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 ☐ Separate basis ☒ Consolidated basis ☐ 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		

Additional Data

Software ID:

Software Version:

EIN: 65-0232993

Name: HOMESTEAD HOSPITAL INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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) BARBARA C HANCK DIRECTOR	2 0 0 0	X						0	0	0
(1) M JOHANNA PATERSON DIRECTOR	2 0 2 0	X						0	0	0
(2) RAMON OYARZUN DIRECTOR	2 0 2 0	X						2,172	0	0
(3) STEVEN SAPP DIRECTOR	2 0 0 0	X						1,500	0	0
(4) WILLIE CARPENTER DIRECTOR	2 0 0 0	X						1,649	0	0
(5) REV WILLIAM L CHAMBERS CHAIRMAN	2 0 4 0	X						0	0	0
(6) MARIA COSTA SMITH DIRECTOR	2 0 0 0	X						1,150	0	0
(7) MARIA C GARZA DIRECTOR	2 0 0 0	X						0	0	0
(8) HERBERT H GREENE MD DIRECTOR	2 0 4 0	X						331	0	0
(9) Dr JEANNE F JACOBS DIRECTOR	2 0 0 0	X						343	0	0
(10) JOHN P MAAS ESQ DIRECTOR	2 0 0 0	X						0	0	0
(11) MATTHEW BECHERER DIRECTOR	2 0 0 0	X						0	0	0
(12) WILLIAM TILLET DIRECTOR	2 0 8 0	X						1,942	0	0
(13) ROBERT ZOLTEN MD DIRECTOR	2 0 0 0	X						0	0	0
(14) JORGE R MEJIA MD PRESIDENT OF MEDICAL STAFF	2 0 2 0	X						56,000	0	0
(15) LEIF GUNDERSON DIRECTOR	2 0 2 0	X						0	0	0
(16) GEORGE CADMAN III DIRECTOR	2 0 8 0	X						0	0	0
(17) WILLIAM M DUQUETTE CEO	50 0 0 0			X				0	630,578	100,829
(18) NANCY GORDON VP & CNO	50 0 0 0				X			367,594	0	35,291
(19) COREY GOLD VP	50 0 0 0				X			213,693	0	23,446
(20) KENNETH SPELL VP OF PROFESSIONAL SERVICES	50 0 0 0				X			270,039	0	29,723
(21) PAUL BORUCK PHARMACIST	45 0 0 0					X		181,150	0	14,108
(22) MARIE-ELSIE ADE NURSE	45 0 0 0					X		200,105	0	19,571
(23) ANN ALLEN AVP NURSING	45 0 0 0					X		157,885	0	31,517
(24) ANDREW SEAMAN PATIENT CARE SUPERVISOR	45 0 0 0					X		167,570	0	18,544

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
(26) WINIFRED PARDO PHARMACY SUPERVISOR	45 0 0 0					X		165,196	0	30,306

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

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization HOMESTEAD HOSPITAL INC	Employer identification number 65-0232993
--	--

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)

1

☐

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

2

☐

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

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

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

11

☐

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

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations _____

g

Provide the following information about the supported organization(s)

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

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage			
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2013 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2014. 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—2013. 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—2014. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
b 10%-facts-and-circumstances test—2013. 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. 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—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization HOMESTEAD HOSPITAL INC	Employer identification number 65-0232993
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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 value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

Part II

Conservation Easements. Complete if the organization answered "Yes" 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) Revenue 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

Revenue 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) 2014

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
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

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

☐ Yes

☐ No
- b

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

☐

Part V Endowment Funds. Complete if the organization answered "Yes" 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 | | | | |
| b | Contributions | | | | |
| c | Net investment earnings, gains, and losses | | | | |
| d | Grants or scholarships | | | | |
| e | Other expenditures for facilities and programs | | | | |
| f | Administrative expenses | | | | |
| g | End of year balance | | | | |
- 2

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

Board designated or quasi-endowment
- b

Permanent endowment
- c

Temporarily restricted endowment

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

(ii)

related organizations
- b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- | | | |
|--------|-----|----|
| | Yes | No |
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |
- 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		5,592,722		5,592,722
b Buildings		25,628,923	7,487,659	18,141,264
c Leasehold improvements				
d Equipment		33,671,743	24,464,090	9,207,653
e Other		2,050,405	650,222	1,400,183
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				34,341,822

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	178,784,561
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2e	-155,701,206
a	Net unrealized gains (losses) 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	-155,701,206
e	Add lines 2a through 2d	2e	-155,701,206
3	Subtract line 2e from line 1	3	334,485,767
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4c	56,585
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	334,542,352

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	214,718,035
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2e	-56,585
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	-56,585
3	Subtract line 2e from line 1	3	214,774,620
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :	4c	155,701,206
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	370,475,826

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 XI, LINE 2d	REVENUE, GAIN, AND OTHER SUPPORT INCLUDED IN BOOKS, NOT IN FORM 990 DESCRIPTION AMOUNT CHARITY CARE -81,260,419 PROVISION FOR BAD DEBT -74,440,787 _____ TOTAL -155,701,206
SCHEDULE D, PART XI, LINE 4B	REVENUE, GAIN, AND OTHER SUPPORT INCLUDED IN FORM 990, NOT IN BOOKS DESCRIPTION AMOUNT GAIN ON DISPOSAL OF ASSET 56,585 _____ TOTAL 56,585
SCHEDULE D, PART XII, LINE 2D	OTHER EXPENSES AND LOSSES INCLUDED IN BOOKS, NOT IN FORM 990 DESCRIPTION AMOUNT GAIN ON DISPOSAL OF ASSET -56,585 _____ TOTAL -56,585
SCHEDULE D, PART XII, LINE 4B	OTHER EXPENSES AND LOSSES INCLUDED IN FORM 990 BUT NOT IN BOOKS DESCRIPTION AMOUNT CHARITY CARE 81,260,419 PROVISION FOR BAD DEBT 74,440,787 _____ TOTAL 155,701,206
SCHEDULE D, PART X, LINE 2	FIN 48 (ASC 740) FOOTNOTE As of September 30, 2015 and 2014, BHSF had no material unrecognized tax positions

[illegible]

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
Attach to Form 990.

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

Name of the organization
HOMESTEAD HOSPITAL INC

Employer identification number
65-0232993

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 ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ 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 ☐ 100% ☐ 150% ☐ 200% ☒ Other <u>300 %</u> 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 ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care	3a	Yes	
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H				

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)			22,371,288		22,371,288	7 560 %
b Medicaid (from Worksheet 3, column a)			18,074,309	7,991,156	10,083,153	3 410 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			40,445,597	7,991,156	32,454,441	10 970 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			495,682		495,682	0 170 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			1,081,517		1,081,517	0 370 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total Other Benefits			1,577,199		1,577,199	0 540 %
k Total Add lines 7d and 7j			42,022,796	7,991,156	34,031,640	11 510 %

Part IICommunity Building Activities

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

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

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

18,357,098

3Enter 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

4Provide 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

5Enter total revenue received from Medicare (including DSH and IME).

5

20,866,129

6Enter Medicare allowable costs of care relating to payments on line 5.

6

33,577,687

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-12,711,558

8Describe 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.

☒ Cost accounting system

☐ Cost to charge ratio

☐ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9a

Yes

bIf "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

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(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				
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 (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		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)

HOMESTEAD HOSPITAL INC

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 12		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 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)	7	Yes
a ☒ Hospital facility's website (list url) SEE PART V, SECTION C		
b ☐ Other website (list url)		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 13		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url) SEE PART V, SECTION C		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a 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)?	12a	No
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

Name of hospital facility or letter of facility reporting group

HOMESTEAD HOSPITAL INC

		Yes	No
Financial Assistance Policy (FAP)			
13 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 included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300</u> % and FPG family income limit for eligibility for discounted care of <u>0</u> %			
b ☐ Income level other than FPG (describe in Section C)			
c ☒ Asset level			
d ☒ Medical indigency			
e ☒ Insurance status			
f ☐ Underinsurance discount			
g ☒ Residency			
h ☐ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14		No
15 Explained the method for applying for financial assistance?	15	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☒ The FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>			
b ☒ The FAP application form was widely available on a website (list url) <u>PART V, SECTION C</u>			
c ☒ A plain language summary of the FAP was widely available on a website (list url) <u>PART V, SECTION C</u>			
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☒ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☐ Other (describe in Section C)			
Billing and Collections			
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 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 ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Actions that require a legal or judicial process			
d ☐ Other similar actions (describe in Section C)			
e ☒ None of these actions or other similar actions were permitted			

Part V

Facility Information (continued)

HOMESTEAD HOSPITAL INC

Name of hospital facility or letter of facility reporting group

		Yes	No
19	Did the hospital facility or other 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	19	No
a	☐ Reporting to credit agency(ies)		
b	☐ Selling an individual's debt to another party		
c	☐ Actions that require a legal or judicial process		
d	☐ Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (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)		
f	☐ None of these efforts were made		
Policy Relating to Emergency Medical Care			
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes
a	☐ The hospital facility did not provide care for any emergency medical conditions		
b	☐ The hospital facility's policy was not in writing		
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	☐ Other (describe in Section C)		
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	☒ Other (describe in Section C)		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23	No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24	No

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

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? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
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 6A Baptist Health South Florida, Inc ("BHSF") the hospital's parent organization, prepares an annual community benefit report which includes the charity care and community benefits provided by Homestead Hospital and the other not-for-profit affiliates of BHSF PART I, LINE 7, COLUMN (F) Bad debt expense of \$74,440,787 is included in Form 990 Part IX Line 25 Column (a) but excluded from the denominator for purposes of calculating the percentages on line 7, column f PART I, LINE 7 Amounts calculated and reported in this table were derived from the most accurate, available sources Charity care and Means-Tested Government Programs costs are determined using our cost accounting system which captures all inpatients and out patients including emergency room patients The system also captures all patient pay types - private insurance, Medicare, Medicaid, uninsured and self pay The costs have been offset by any payments received from Medicaid or any other uncompensated care program Other Benefits at cost were compiled by our finance department using our cost accounting system or the actual amounts paid where appropriate PART III, LINE 2 Homestead Hospital estimates the allowance for doubtful accounts by reserving a percentage of accounts receivable based on historical and expected collections, business and economic conditions, trends in reimbursement, and other collection indicators For receivables associated with services provided to patients who have third-party coverage, including receivables from government agencies, Homestead Hospital analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts For all payor types, when Homestead Hospital can no longer reasonably estimate collectability of an account based on the aging of the balance due and the volatility and unpredictable nature of the amount, Homestead Hospital reserves substantially all amounts due PART III, LINE 4 The footnote that describes bad debt expense reported in the audited consolidated financial statements of Baptist Health South Florida, Inc , which includes Homestead Hospital, Inc , is as follows BHSF provides for accounts receivable that could become uncollectible in the future by establishing an allowance to reduce the carrying value of such receivables to their estimated net realizable value Additions to the allowance for doubtful accounts are made by means of the provision for doubtful accounts Accounts written off as uncollectible are deducted from the allowance and subsequent recoveries are added BHSF estimates the allowance for doubtful accounts by reserving a percentage of accounts receivable based on historical and expected collections, business and economic conditions, trends in reimbursement, and other collection indicators For receivables associated with services provided to patients who have third-party coverage, including receivables from government agencies, BHSF analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts For all payor types, when BHSF can no longer reasonably estimate collectability of an account based on the aging of the balance due and the volatility and unpredictable nature of the amount, BHSF reserves substantially all amounts due Recoveries on written-off accounts receivable are recorded in the period the recovery occurs as an increase in net patient service revenue through an adjustment to the provision for doubtful accounts Bad Debt at cost was calculated for Schedule H purposes by applying the cost to charge percentage derived by our cost accounting system against bad debt expense reported on the audited financial statements PART III, LINE 8 Medicare costs were derived using our cost accounting system which captures all inpatients and outpatients including emergency room patients The costs have been offset by any payments received from Medicare The organization does not report any amounts from Part III, Line 7 as community benefit PART III, LINE 9B In order to promote the health and well-being of the community served, uninsured patients with limited financial resources who are unable to access entitlement programs shall be eligible for free health care services based on established criteria BHSF has a written debt collection policy No collection efforts are put forth for patients who are known to qualify for charity care

Form and Line Reference	Explanation
SCHEDULE H	PART VI, LINE 2 - NEEDS ASSESSMENT Homestead Hospital, a part of Baptist Health South Florida, is a modern, full-service facility with a rich history in the South Miami-Dade community. It was one of the county's first hospitals, founded in 1940 near Krome Avenue. Baptist Health invested \$135 million to build a new, 142-bed Homestead Hospital, which opened in 2007 in a new location on Campbell Drive to bring sophisticated medical care to a fast-growing and traditionally rural and underserved community. As a faith-based, not-for-profit institution, their mission focuses on providing high-quality, compassionate care to all their patients, including the poor and uninsured. Understanding the role of wellness and prevention in maximizing the opportunities to improve the health and quality of life of the community, Homestead Hospital also offers a multitude of free and low-cost educational programs, exercise classes and health screenings at various locations. New ways are always explored to improve services and expand the ability to meet the healthcare needs of the community. A "community health needs assessment" was conducted to focus on the particular characteristics of patients and the community and to precisely pinpoint their specific needs. This assessment serves as a comprehensive tool to increase their knowledge about the people being served and enhance the ability to provide top-level healthcare to the entire community in the most effective manner. Homestead Hospital worked with the Health Council of South Florida to take an in-depth look at the diverse population served, based on such information as inpatient admissions, U.S. Census data and other local, state and national statistics. To gather first-hand input about the community's needs, the Health Council conducted focus groups with residents/consumers, healthcare experts and advocates, and Homestead Hospital leaders. Participants were asked about their experiences with Homestead Hospital and their most pressing healthcare issues. Objective data were mined about the patient population, including rates and types of disease, demographics and other information from the U.S. Census. Local public health experts were questioned about their constituents and asked how Homestead Hospital can best use their resources to make the community a healthier and better place. Finally, all the compiled data was analyzed to identify the top healthcare needs and issues in our community. They are: *Access to care *Availability of primary and preventive care *Chronic disease management *Maternal and child health *Socioeconomic issues The community health needs assessment and implementation plans, available on their website at BaptistHealth.net, will summarize the details of the community health needs assessment. It includes a description of the community served, the methods used to make determinations, a look at the input received from community experts and residents/consumers and, finally, the resulting list of the community's most significant priority healthcare needs. The report also includes a list of existing programs and services that help address the community's priority healthcare needs. These programs are used as a foundation on which to expand and pinpoint their services based on the priorities targeted in this report. This important exercise has helped Homestead Hospital better understand their stakeholders - the people who depend on the organization when they are ill or injured, as well as their families, and the entire community, whose health they strive to improve through educational and preventive measures, innovative partnerships, high-quality care and by being a good corporate citizen. Homestead Hospital is committed to using this enlightening report as a roadmap to plan the best strategies to specifically and effectively address the most pressing healthcare needs of the entire community, with a special focus on the most vulnerable residents. PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE Financial assistance information is provided in multiple locations. Patient registration provides to all patients a one-page information handout about the availability of financial assistance, creating awareness of the charity care program. Patient registration also provides information regarding Baptist Health South Florida's charity care policy to all uninsured, non-emergent patients prior to service. All letters and statements to uninsured patients, including those sent by third-party collection agencies, include a reference to financial assistance programs. All public information and forms regarding the provision of charity care use language that is appropriate for the Baptist Health service area. Where possible, prior to the registration of a patient potentially eligible for financial assistance, a financial counselor will conduct a pre-registration interview with the patient. If a pre-registration interview is not possible, the interview is con

Form and Line Reference	Explanation
SCHEDULE H	ducted as soon as possible thereafter. In the case of an emergency admission, the evaluation of payment alternatives does not take place until the medical care needed to stabilize the patient has been provided. Those patients who may qualify for financial assistance from a governmental program are referred to the appropriate program such as Medicaid, prior to consideration for charity care. Additionally, information regarding their charity care program and qualifying for financial assistance appears on their website at BaptistHealth.net. PART VI, LINE 4 - COMMUNITY INFORMATION Miami-Dade County is one of the most international communities in the nation. According to the U.S. Census, half of the residents in Homestead Hospital's patient service area are foreign-born, with 75 percent of Latin or Hispanic descent, and 71 percent reporting a language other than English spoken at home. The average household includes three people and the average household income is \$46,278, below the average Miami-Dade County household income of \$61,035. In fact, 23 percent of residents in Homestead Hospital's patient service area live with incomes less than the federal poverty level, which amounts to \$23,550 for a family of four in 2013. Thirty-two percent are under 18 years old. Fifty-five percent are ages 21-64 and about 9 percent are age 65 or older. Homestead Hospital, located at 975 Baptist Way (Campbell Drive/SW 312 Street and SW 147 Avenue) serves South Dade, including Homestead and Florida City. This geographical area is home to 155,540 residents. Their patient service area, as determined by the addresses of their inpatients, covers five zip codes. PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH In furtherance of its exempt purpose to provide healthcare to improve the health and well-being of individuals, and to promote the sanctity and preservation of life in the community it serves, Homestead Hospital operates a 142-bed community hospital located in Homestead, Florida, approximately 31 miles from Downtown Miami. The original hospital was established with 10 beds in 1940 as James Archer Smith Hospital. It was later acquired by the City of Homestead, and then acquired in 1990 by the then-parent company of South Miami Hospital, and finally in 1995 by BHSF. Homestead Hospital admitted approximately 10,393 inpatients in fiscal year 2015, and more than 98,100 patients received emergency care. With approval in 2002 from the State of Florida's Agency for Health Care Administration, construction of a replacement facility for Homestead Hospital commenced, located just east of the Florida Turnpike, approximately three miles east of the previous site but still within the limits of the City of Homestead. This expansion and relocation responded to the needs of the South Dade community. In May 2007, Homestead Hospital was opened at its current location, and in July 2008 an additional 22 beds were added. All 142 licensed beds are in private configuration, including 16 post-partum beds, 13 pediatric beds, 23 critical and intermediate care beds, and 90 general medical/surgical beds. The facility has four operating rooms, two C-section rooms, and also includes an adjoining medical office building, which houses physician practices and administrative functions. PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM THE BHSF SYSTEM PROVIDES A COMPREHENSIVE CONTINUUM OF SERVICES, EITHER THROUGH ITS OWN PROGRAMS OR IN COOPERATION WITH OTHER AFFILIATED HOSPITALS AND HEALTH CARE PROVIDERS. THE BHSF SYSTEM'S HEALTH CARE PROGRAMS AND SERVICES INCLUDE THE FOLLOWING: MIAMI CARDIAC & VASCULAR INSTITUTE. MIAMI CARDIAC & VASCULAR INSTITUTE ("MCVI") IS THE LARGEST AND MOST COMPREHENSIVE CARDIOVASCULAR FACILITY IN THE REGION. PATIENTS CAN EXPERIENCE CONSISTENT, EXCEPTIONAL, EVIDENCE-BASED CARE AT INSTITUTE LOCATIONS THROUGHOUT BAPTIST HEALTH. THEIR TEAM OF MULTILINGUAL, MULTIDISCIPLINARY SPECIALISTS HAVE PIONEERED THE DEVELOPMENT OF TECHNOLOGY USED TO TREAT ANEURYSMS, BLOCKAGES. I

Form and Line Reference	Explanation
OTHER INFORMATION	Homestead Hospital has its own governing board, the members of which consist of representatives of the professional, pastoral and business communities. Homestead Hospital provides medical and surgical services and offers other services and programs including Emergency Center. Homestead Hospital has the only Emergency Center for 14 miles in all directions. Open 24 hours a day, seven days a week, more than 98,100 patients were seen in the emergency department during fiscal year 2015. The Emergency Center includes a rapid treatment area for minor injuries AND a nine-bed Pediatric Emergency Unit. Homestead Hospital and the Emergency Center have been granted Chest Pain Center Accreditation Maternity Care. More than 1,500 babies were delivered at the family-centered maternity unit at Homestead Hospital in fiscal year 2015. Homestead Hospital's maternity services include prenatal care and childbirth education programs. Pediatric Services. Homestead Hospital's pediatric services include pediatricians and specially trained pediatric nurses who treat minor to serious pediatric illnesses and injuries. The Betty Jane France Children's Emergency Center, also known as "Speediatrics", is a dedicated pediatric emergency unit. Physical Therapy Center. The Physical Therapy Center provides a dedicated area for rehabilitation therapies offered by physical therapists. Equipment is available for treating neurological, orthopedic, oncological, sports-injured, cardiac, pediatric, chronic pain, open wound and burn patients. Physical therapy is also provided to inpatients for postoperative and acute care needs.

Additional Data

Software ID:
Software Version:
EIN: 65-0232993
Name: HOMESTEAD HOSPITAL INC

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

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

Form and Line Reference	Explanation
SECTION C	

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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
HOMESTEAD HOSPITAL INC

Employer identification number
65-0232993

Part I	Questions Regarding Compensation		Yes	No
1a	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. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	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	1b		
2	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?	2		
3	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. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	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:			
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	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:			
a	The organization?	5a		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III.	5b		No
6	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:			
a	The organization?	6a		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III.	6b		No
7	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.	7	Yes	
8	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.	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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 in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 WILLIAM M DUQUETTE, CEO	(i)	0	0	0	0	0	0	0
	(ii)	339,125	249,467	41,986	78,489	22,340	731,407	59,401
2 NANCY GORDON, VP & CNO	(i)	176,845	184,134	6,615	7,487	27,804	402,885	72,787
	(ii)	0	0	0	0	0	0	0
3 COREY GOLD, VP	(i)	137,893	63,798	12,002	16,589	6,857	237,139	0
	(ii)	0	0	0	0	0	0	0
4 KENNETH SPELL, VP OF PROFESSIONAL SERVICES	(i)	163,454	97,934	8,651	12,892	16,831	299,762	11,874
	(ii)	0	0	0	0	0	0	0
5 PAUL BORUCK, PHARMACIST	(i)	167,605	3,507	10,038	3,218	10,890	195,258	0
	(ii)	0	0	0	0	0	0	0
6 MARIE-ELSIE ADE, NURSE	(i)	163,807	25,692	10,606	4,085	15,486	219,676	0
	(ii)	0	0	0	0	0	0	0
7 ANN ALLEN, AVP NURSING	(i)	125,099	20,090	12,696	2,943	28,574	189,402	0
	(ii)	0	0	0	0	0	0	0
8 ANDREW SEAMAN, PATIENT CARE SUPERVISOR	(i)	153,539	6,972	7,059	2,925	15,619	186,114	0
	(ii)	0	0	0	0	0	0	0
9 WINIFRED PARDO, PHARMACY SUPERVISOR	(i)	149,397	14,342	1,457	3,420	26,886	195,502	0
	(ii)	0	0	0	0	0	0	0

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, QUESTION 7	Key executives who control significant assets or who have a major impact on operations may earn incentive pay, capped at a pre-determined percentage of the executive's base salary. The purpose of incentive pay is to focus executive action on key "performance thresholds" and corporate goals that are approved by the Board's Compensation Committee. The achievement of these goals requires extraordinary effort, commitment and achievement. The incentive component of the executive's total compensation is variable and totally at risk, depending upon the achievement of the agreed-upon goals.
SCHEDULE J PART I, QUESTION 4B	As part of the Baptist Health South Florida executive benefit plan, executives are eligible to allocate a portion of their flexible spending allowance to a Supplemental Survivor Accumulation Benefit (SSAB) account. The SSAB is a life insurance product that provides a deferred retirement benefit for the executive or a death benefit for the executive's survivors. Contributions to the SSAB may be made annually to the participant's account. All contributions accumulate, along with investment earnings, for the period the executive participates. The executive does not have access to the contributions made or the related investment income, all of which is subject to substantial risk of forfeiture. Pursuant to the SSAB plan guidelines, this benefit is terminated upon an executive reaching age 65, however, payment can be deferred to a date at least two years after reaching age 65 but no later than 68. At that time the entire amount accumulated is paid out in a lump sum.
Schedule J Part I, Line 3	The CEO of Homestead Hospital is compensated by Baptist Health South Florida (BHSF), a related organization. The determination of the compensation of the CEO follows the same process delineated herein. The Bylaws of Homestead Hospital delegate the authority to set executive compensation to BHSF. BHSF's Compensation Committee is comprised exclusively of independent Board members who serve voluntarily without any remuneration, and who must adhere to a stringent conflict of interest policy that precludes them or their families from doing business with Baptist Health. The Committee is responsible for reviewing the performance and approving the compensation for executives. The term "compensation" includes salaries, benefits and incentives. The Compensation Committee annually engages a nationally-recognized, independent consultant to conduct compensation surveys and to advise the Board on compensation policies. The Compensation Committee decisions are based on the following: 1. Total Compensation Package: Recruitment and retention of capable, productive executives is accomplished through design of a total compensation package that includes a base salary, at-risk incentive pay, and benefits. It is the objective of Baptist Health to ensure a consistent compensation philosophy across all employee and leadership levels that rewards outstanding performance using a cash plus employee benefits package targeting the 75th percentile. Base salaries of fully productive executives are indexed to the median (50th percentile) salary paid by similar healthcare organizations. Incentive pay for superior achievement provides the opportunity for total cash compensation at the 75th percentile of the executive's peer group if the executive exceeds his/her performance metrics. 2. Performance-based Salary Increases: One of the key elements of Baptist Health's executive compensation philosophy is "pay for performance." Salary increases are based upon the degree to which each executive achieves his/her individual performance objectives for the year, which are tied to corporate objectives. Generally these objectives relate to clinical quality, patient, physician and community satisfaction, charity care and mission goals, financial performance and expense management. Individual and group performance against these objectives is reviewed by the Compensation Committee and Board of Trustees annually after the close of the fiscal year. 3. Market-based Salary Increases: The Board's Compensation Committee reviews the market value of executive positions annually to assure that Baptist Health's pay levels are competitive. The independent consultant, selected by the Compensation Committee, obtains executive salary information for functionally comparable positions at healthcare institutions of comparable size within Florida and the United States. Baptist Health's peer group is comprised of other complex not-for-profit hospital systems of similar size (\$2.5 billion in revenues, 16,000 employees), scope (6 hospitals, 17 outpatient centers and a large international service). The peer group does not include for-profit hospitals, whose compensation practices are far more generous (and include such things as stock options and equity/ownership interests). 4. No Guaranteed Salary Increases: There is no guarantee of annual executive salary increases. Salary increases depend upon the organization's ability to pay, the executive's salary in relation to the market, the executive's performance level, and internal pay relationships to peers. 5. At-Risk Incentive Pay: Key executives who control significant assets or who have a major impact on operations may earn incentive pay. The purpose of incentive pay is to focus executive action on key "performance thresholds" and corporate goals that are approved by the Board's Compensation Committee. The achievement of these goals requires extraordinary effort, commitment and achievement. The incentive component of the executive's total compensation is variable and totally at risk, depending upon the achievement of the agreed-upon goals. 6. Perquisites: Baptist Health executives are provided with a common set of perquisites that are typical of other responsible not-for-profit organizations to enable them to more effectively conduct their business. These benefits are deemed by the Compensation Committee to be appropriate and conservative. Perquisites are generally limited to auto and cell phone allowances which are fully taxable to the executive. Other perquisites provided to executives, such as paid time off or reimbursement for relevant educational expenses, are offered to all employees in accordance with enterprise-wide policies and procedures. Business travel for executives on commercial airlines is limited to coach fares (an upgrade to the next available class of service, e.g., business class, may be permitted when the flight duration is in excess of five hours or an overnight accommodation can be avoided). Chartered plane travel, spousal travel, luxury residences for personal use, health, country or social club dues and personal services (such as maid, chauffeur, chef, landscaper) are not provided (or reimbursed) to Baptist Health executives.

Additional Data

Software ID:
Software Version:
EIN: 65-0232993
Name: HOMESTEAD HOSPITAL INC

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
WILLIAM M DUQUETTE, CEO	(i)	0	0	0	0	0	0
	(ii)	339,125	249,467	41,986	78,489	731,407	59,401
NANCY GORDON, VP & CNO	(i)	176,845	184,134	6,615	7,487	402,885	72,787
	(ii)	0	0	0	0	0	0
COREY GOLD, VP	(i)	137,893	63,798	12,002	16,589	237,139	0
	(ii)	0	0	0	0	0	0
KENNETH SPELL, VP OF PROFESSIONAL SERVICES	(i)	163,454	97,934	8,651	12,892	299,762	11,874
	(ii)	0	0	0	0	0	0
PAUL BORUCK, PHARMACIST	(i)	167,605	3,507	10,038	3,218	195,258	0
	(ii)	0	0	0	0	0	0
MARIE-ELSIE ADE, NURSE	(i)	163,807	25,692	10,606	4,085	219,676	0
	(ii)	0	0	0	0	0	0
ANN ALLEN, AVP NURSING	(i)	125,099	20,090	12,696	2,943	189,402	0
	(ii)	0	0	0	0	0	0
ANDREW SEAMAN, PATIENT CARE SUPERVISOR	(i)	153,539	6,972	7,059	2,925	186,114	0
	(ii)	0	0	0	0	0	0
WINIFRED PARDO, PHARMACY SUPERVISOR	(i)	149,397	14,342	1,457	3,420	195,502	0
	(ii)	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ.
► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization HOMESTEAD HOSPITAL INC	Employer identification number 65-0232993
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b				
1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?
				YesNo

2	Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958	► \$	
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	► \$	

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total	► \$			
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Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.				
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MARTHA MAAS	SISTER OF JOHN MAAS, BOD	103,397	EMPLOYEE		No

Part V Supplemental Information

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

Return Reference	Explanation
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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 990-EZ 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

2014

**Open to Public
Inspection**

Name of the organization HOMESTEAD HOSPITAL INC	Employer identification number 65-0232993
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Return Reference	Explanation	
FORM 990, PART VI, LINE 15	PERFORMANCE-BASED EXECUTIVE COMPENSATION The South Florida market for highly competent healthcare executives reflects a very competitive environment for qualified executives. It is comprised of large, national, for-profit chains and not-for-profit hospital systems and stand-alone hospitals. The Board of Trustees of Baptist Health South Florida seeks executives of vision and leadership to carry out the organization's faith-based mission of quality care and community service. The Board expects these executives to provide leadership that will place Baptist Health among the best healthcare systems in the nation for quality and excellence. The Board expects executives to demonstrate integrity and loyalty in the performance of their duties and to adhere to Baptist Health Conflict of Interest Policy, Executive Code of Conduct and all compliance/ethics policies. Executive compensation is considered the foundation to attract and retain executives with the talent, experience and character to meet these expectations. The CEO of Homestead Hospital is compensated by Baptist Health South Florida (BHSF), a related organization. The determination of the compensation of the CEO follows the same process delineated herein. The Bylaws of Homestead Hospital delegate the authority to set executive compensation to BHSF. BHSF's Compensation Committee is comprised exclusively of independent Board members who serve voluntarily without any remuneration, and who must adhere to a stringent conflict of interest policy that precludes them or their families from doing business with Baptist Health. The Committee is responsible for reviewing the performance and approving the compensation for executives. The term "compensation" includes salaries, benefits and incentives. The Compensation Committee annually engages a nationally-recognized, independent consultant to conduct compensation surveys and to advise the Board on compensation policies. The Compensation Committee decisions are based on the following: 1 Total Compensation Package Recruitment and retention of capable, productive executives is accomplished through design of a total compensation package that includes a base salary, at-risk incentive pay, and benefits. It is the objective of Baptist Health to ensure a consistent compensation philosophy across all employee and leadership levels that rewards outstanding performance using a cash plus employee benefits package targeting the 75th percentile. Base salaries of fully productive executives are indexed to the median (50th percentile) salary paid by similar healthcare organizations. Incentive pay for superior achievement provides the opportunity for total cash compensation at the 75th percentile of the executive's peer group if the executive exceeds his/her performance metrics. 2 Performance-based Salary Increases One of the key elements of Baptist Health's executive compensation philosophy is "pay for performance." Salary increases are based upon the degree to which each executive achieves his/her individual performance objectives for the year, which are tied to corporate objectives. Generally these objectives relate to clinical quality, patient, physician and community satisfaction, charity care and mission goals, financial performance and expense management. Individual and group performance against these objectives is reviewed by the Compensation Committee and Board of Trustees annually after the close of the fiscal year. 3 Market-based Salary Increases The Board's Compensation Committee reviews the market value of executive positions annually to assure that Baptist Health's pay levels are competitive. The independent consultant, selected by the Compensation Committee, obtains executive salary information for functionally comparable positions at healthcare institutions of comparable size within Florida and the United States. Baptist Health's peer group is comprised of other complex not-for-profit hospital systems of similar size (\$2.5 billion in revenues, 16,000 employees), scope (6 hospitals, 1.7 outpatient centers and a large international service). The peer group does not include for-profit hospitals, whose compensation practices are far more generous (and include such things as stock options and equity/ownership interests). 4 No Guaranteed Salary Increases There is no guarantee of annual executive salary increases. Salary increases depend upon the organization's ability to pay, the executive's salary in relation to the market, the executive's performance level, and internal pay relationships to peers. 5 At-Risk Incentive Pay Key executives who control significant assets or who have a major impact on operations may earn incentive pay, capped at a pre-determined percentage of the executive's base salary. The purpose of incentive pay is to focus executive action on key "performance thresholds" and corporate goals that are approved by the Board's Compensation Committee. The achievement of these goals requires extraordinary	

Return Reference	Explanation	
	FORM 990, PART VI, LINE 15	effort, commitment and achievement The incentive component of the executive's total compensation is variable and totally at risk, depending upon the achievement of the agreed-upon goals 6 Perquisites Baptist Health executives are provided with a common set of perquisites that are typical of other responsible not-for-profit organizations to enable them to more effectively conduct their business These benefits are deemed by the Compensation Committee to be appropriate and conservative Perquisites are generally limited to auto and cell phone allowances which are fully taxable to the executive Other perquisites provided to executives, such as paid time off or reimbursement for relevant educational expenses, are offered to all employees in accordance with enterprise-wide policies and procedures B Business travel for executives on commercial airlines is limited to coach fares (an upgrade to the next available class of service, e.g., business class, may be permitted when the flight duration is in excess of five hours or an overnight accommodation can be avoided) C Chartered plane travel, spousal travel, luxury residences for personal use, health, country or social club dues and personal services (such as maid, chauffeur, chef, landscaper) are not provided (or reimbursed) to Baptist Health executives

Return Reference	Explanation
FORM 990, PART VI, LINE 12	EMPLOYEE CONFLICT OF INTEREST AN ACTUAL, POTENTIAL OR PERCEIVED CONFLICT OF INTEREST OCCURS IN THOSE CIRCUMSTANCES WHERE AN EMPLOYEE'S JUDGEMENT COULD BE AFFECTED BECAUSE THE EMPLOYEE HAS A PERSONAL INTEREST, OTHER THAN THE RECEIPT OF COMPENSATION FROM BAPTIST HEALTH SOUTH FLORIDA, INC AND ITS AFFILIATES ("BHSF"), IN THE OUTCOME OF A DECISION OVER WHICH THE EMPLOYEE HAS CONTROL OR INFLUENCE. FOR THE PURPOSES OF THIS POLICY, IT IS PRESUMED THAT MANAGERS HAVE CONTROL OR INFLUENCE OVER ANY DECISION AFFECTING A MATTER FOR WHICH A MANAGER HAS RESPONSIBILITY. A PERSONAL INTEREST EXISTS WHEN AN EMPLOYEE OR A MEMBER OF HIS OR HER FAMILY STANDS TO DIRECTLY OR INDIRECTLY OBTAIN FINANCIAL GAIN AS A RESULT OF A DECISION. THIS POLICY IS INTENDED FOR ALL EMPLOYEES IN ORDER THAT THEY MAY UNDERSTAND, IDENTIFY, MANAGE AND APPROPRIATELY DISCLOSE THOSE TRANSACTIONS WHICH COULD RESULT IN AN ACTUAL, POTENTIAL OR PERCEIVED CONFLICT OF INTEREST. IN ACCORDANCE WITH OUR CODE OF ETHICS, HIGH ETHICAL STANDARDS MUST BE OBSERVED IN THE NEGOTIATION AND EXECUTION OF ALL BUSINESS ACTIVITIES CONDUCTED AT, BY OR WITH BHSF. ANY DECISIONS MADE BY BHSF EMPLOYEES MUST BE MADE IN COMPLIANCE WITH APPLICABLE LAWS AND REGULATIONS, WITH THE BEST ORGANIZATIONAL INTERESTS OF BHSF AS THE HIGHEST PRIORITY AND WITHOUT REGARD TO THE PERSONAL GAIN OR INTEREST OF ANY OTHER PERSON OR ENTITY. LIKEWISE, THE APPEARANCE OF ANY SUCH IMPROPER INFLUENCE ON ANY DECISIONS SHOULD BE CONSCIOUSLY AVOIDED. EMPLOYEES SHOULD ALSO ADHERE TO POLICY 828 WHICH PROHIBITS VENDOR SPONSORED TRAVEL AND POLICY 829 LIMITING ACCEPTANCE OF PERSONAL HONORARIUMS AND POLICY 831 WHICH PROVIDES LIMITATIONS AND GUIDELINES ON PHILANTHROPIC SOLICITATION OF VENDORS. A POTENTIAL OR PERCEIVED CONFLICT OF INTEREST MAY EXIST IRRESPECTIVE OF THE INTENT OF THE EMPLOYEE.

Return Reference	Explanation
FORM 990, PART VI, LINE 12	BOARD CONFLICT OF INTEREST POLICY BAPTIST HEALTH AND ITS AFFILIATES HAVE A STRONG AND ROBUST CONFLICT OF INTEREST POLICY THE POLICY IS MEANT TO ENSURE THAT EACH VOTING MEMBER OF THE BOARD OF TRUSTEES GOVERNS THE AFFAIRS OF BAPTIST HEALTH WITH HONESTY AND INTEGRITY AND MAKES DECISIONS FOR THE BENEFIT OF BAPTIST HEALTH VOTING BOARD MEMBERS MAY NOT BE EMPLOYED BY BAPTIST HEALTH NOR ENGAGED TO PROVIDE SERVICES TO BAPTIST HEALTH IN EXCHANGE FOR CASH COMPENSATION CONFLICT FREE DECISION MAKING EXTENDS BEYOND THE BOARD MEMBERS TRANSACTIONS THAT MIGHT BENEFIT (I) THE PRIVATE INTEREST OF A MEMBER OR HIS OR HER FAMILY (II) AN ORGANIZATION CONTROLLED BY A MEMBER OF HIS OR HER FAMILY (III) AN ORGANIZATION IN WHICH A MEMBER OR HIS OR HER FAMILY HAS A MATERIAL INTEREST SINCE THE APPEARANCE OF A CONFLICT OF INTEREST MAY BE AS DAMAGING TO BAPTIST HEALTH'S REPUTATION AS ACTUALLY PERMITTING A CONFLICT TO EXIST, EACH BOARD MEMBER HAS A CONTINUING OBLIGATION TO DISCLOSE ANY POTENTIAL CONFLICTS THIS CONTINUING OBLIGATION IS SUPPLEMENTED BY AN ANNUAL CERTIFICATION THAT THE BOARD MEMBER IS FREE FROM ACTUAL OR POTENTIAL CONFLICTS OF INTEREST THE ANNUAL CERTIFICATION IS REVIEWED BY THE VICE PRESIDENT OF COMPLIANCE WHO REPORTS DIRECTLY TO THE BOARD POTENTIAL CONFLICTS ARE FURTHER REVIEWED BY THE BOARD'S ETHICS COMMITTEE IF A CONFLICT DOES EXIST, THE CONFLICTED BOARD MEMBER MAY BE REQUIRED TO (I) RESIGN FROM THE BOARD OR (II) ELIMINATE THE RELATIONSHIP WHICH GIVES RISE TO THE CONFLICT

Return Reference	Explanation
FORM 990, PART VI, LINE 12 C	ENFORCEMENT AND MONITORING OF CONFLICT OF INTEREST POLICY ONE OF BAPTIST HEALTH SOUTH FLORIDA'S GREATEST ASSETS IS THE INTEGRITY OF ITS VOLUNTEER BOARD MEMBERS ONE WAY TO ASSURE INTEGRITY IS THEIR COMMITMENT TO A STRINGENT CONFLICT OF INTEREST POLICY FOR THEIR GOVERNING BOARDS AND MANAGEMENT AS A PART OF A ROBUST CONFLICT OF INTEREST POLICY , BOARD MEMBERS MUST ANNUALLY COMPLETE A CONFLICT OF INTEREST DECLARATION FORM THE AUDIT AND COMPLIANCE DEPARTMENT MONITOR TO ENSURE ALL VOTING MEMBERS SUBMIT THE DECLARATION FORM AND PERFORM NECESSARY RESEARCH TO UNDERSTAND IF A POTENTIAL CONFLICT EXISTS ALL DISCLOSURES AND THE RELATED RESEARCH ARE SUMMARIZED FOR THE ETHICS COMMITTEE OF THE BAPTIST HEALTH BOARD OF TRUSTEES ANY DISCLOSURES THAT MAY RESULT IN THE APPEARANCE OF A CONFLICT ARE ADDRESSED BY THE COMMITTEE FOR ITS CONSIDERATION AND RESOLUTION

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS AVAILABLE TO THE PUBLIC DOCUMENTS THAT ARE REQUIRED TO BE OPEN FOR PUBLIC INSPECTION ARE MADE AVAILABLE UPON REQUEST IN ADDITION BOTH THE FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC VIEWING ON THIRD PARTY WEBSITES THE CONFLICT OF INTEREST POLICY IS AVAILABLE ON WWW.BAPTISTHEALTH.NET

Return Reference	Explanation
FORM 990, PART V, LINE 1 (a)	US INFORMATIONAL RETURNS BAPTIST HEALTH SOUTH FLORIDA (BHSF) HAS A SYSTEM-WIDE TREASURY POLICY, WHICH RECOGNIZES ITS RESPONSIBILITY TO OVERSEE, MANAGE, AND COORDINATE ALL AFFILIATE OPERATIONS, INCLUDING THE TREASURY FUNCTIONS. BHSF SERVES AS THE CENTRALIZED CASH RECEIPT AND DISBURSING AGENT FOR ALL BHSF ENTITIES. AS SUCH ONLY BHSF ISSUES US INFORMATIONAL RETURNS.

Return Reference	Explanation
FORM 990, PART V, LINE 2(a)	EMPLOYEES REPORTED ON FORM W-3 BAPTIST HEALTH SOUTH FLORIDA (BHSF) IS THE APPOINTED PAY AGENT FOR ALL OF ITS AFFILIATES AS SUCH ONLY BHSF ISSUES FORM W-3

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 REVIEW PROCESS THE MANAGEMENT OF BAPTIST HEALTH SOUTH FLORIDA (BHSF) IS RESPONSIBLE FOR THE ACCURACY AND COMPLETENESS OF THE TAX RETURNS OF BHSF AND ALL OF ITS NONPROFIT, CHARITABLE AFFILIATES THIS FORM 990 HAS BEEN PREPARED IN CONFORMITY WITH THE INTERNAL REVENUE CODE AND TREASURY REGULATIONS INDEPENDENT TAX CONSULTANTS AND MEMBERS OF MANAGEMENT HAVE REVIEWED IN DETAIL THE COMPLETED FORM 990 PRIOR TO FILING, THE FORM 990 PREPARATION PROCESS AND THE DOCUMENTS ARE DISCUSSED AT A MEETING OF THE FINANCE & INSURANCE COMMITTEE OF THE BOARD OF TRUSTEES AND MADE AVAILABLE ELECTRONICALLY TO ALL MEMBERS OF THE BOARD OF TRUSTEES FOR REVIEW AND COMMENTARY ADDITIONALLY THE EXECUTIVE AND COMPENSATION COMMITTEES OF THE BHSF BOARD OF TRUSTEES, COMPOSED OF INDEPENDENT UNCOMPENSATED MEMBERS, REVIEW OTHER PERTINENT AREAS OF THE RETURN THE PRESIDENT AND CEO AS WELL AS THE EXECUTIVE VICE PRESIDENT AND CFO HEREBY CERTIFY AS TO THE ACCURACY AND COMPLETENESS OF THIS FORM 990

Return Reference	Explanation
FORM 990, PART VI, LINE 7a & 7b	GOVERNING AND MANAGEMENT THIS ORGANIZATION IS PART OF BAPTIST HEALTH SOUTH FLORIDA, AN INTEGRATED HEALTH CARE DELIVERY SYSTEM THE BOARD OF TRUSTEES OF BAPTIST HEALTH SOUTH FLORIDA HAS THE RIGHT TO APPROVE OR RATIFY CERTAIN CORPORATE DECISIONS OF THE ORGANIZATION AND TO APPOINT SOME BOARD MEMBERS TO THE HOSPITAL'S BOARD OF DIRECTORS

Return Reference	Explanation
Schedule J, Part II, Column (B)(ii)	EXECUTIVE COMPENSATION All executive compensation is reviewed and approved annually by the compensation committee which is comprised of independent uncompensated members of the Board of Trustees who have certified that they have no conflict of interest with the organization. Reportable compensation includes base salary as well as payments under a formal incentive plan which rewards successful achievement of quality, mission, charity care, and financial corporate objectives.

Return Reference	Explanation
Form 990, Part IV, Line 24a	BOND LIABILITY AT PARENT LEVEL All bond liabilities will be reported at the parent level, on Schedule K of Baptist Health South Florida, Inc 's 2014 Form 990

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGES IN NET ASSETS/FUND BALANCE OTHER CHANGES IN NET ASSETS OR FUND BALANCES CHANGE IN POST RETIREMENT HEALTH OBLIGATION -2,709,390 BENEFICIAL INTEREST IN NET ASSETS OF BHSF FOUNDATION 475,503 _____ TOTAL -2,233,887

Return Reference	Explanation
Form 990, Part VII	The amounts appearing as reportable compensation on Form 990 Part VII for volunteer board members are composed of either payments for services as an elected representative of the medical staff, non-clinical services rendered to Baptist Health South Florida or its affiliates which make possible an important administrative function, or minor discounts on clinical services received at a Baptist Health South Florida facility. All of these amounts are reported in accordance with the rules and regulations pertaining to IRS Forms W-2 and 1099 respectively.

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	CHANGES TO ORGANIZATIONAL DOCUMENTS THE ARTICLES OF INCORPORATION OF HOMESTEAD HOSPITAL, INC WERE AMENDED AND RESTATED DURING THE FISCAL YEAR AS FOLLOWS 1 THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS OF BAPTIST HEALTH SOUTH FLORIDA FOUNDATION, INC MAY APPOINT A VOTING MEMBER OF THE BOARD OF DIRECTORS OF THE FOUNDATION TO SERVE AS VOTING MEMBER OF THE BOARD OF DIRECTORS OF HOMESTEAD HOSPITAL ("THE CORPORATION") 2 IF THE PRESIDENT OF THE MEDICAL STAFF IS EMPLOYED BY THE CORPORATION, OR ANY OF ITS AFFILIATES, THEN THE PRESIDENT OF THE MEDICAL STAFF SHALL SERVE AS A NON-VOTING MEMBER OF THE BOARD DURING THE TIME HE OR SHE IS EMPLOYED

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization HOMESTEAD HOSPITAL INC	Employer identification number 65-0232993
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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
See Additional Data Table							

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) Disproporionate 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	

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
See Additional Data Table									

Part V

Transactions With Related Organizations

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

Yes

1o

No

1p

No

1q

No

1r

No

1s

Yes

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

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

Schedule R (Form 990) 2014

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

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:

Software Version:

EIN: 65-0232993

Name: HOMESTEAD HOSPITAL INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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) BAPTIST HEALTH SOUTH FLORIDA 6855 RED ROAD CORAL GABLES, FL 33143 65-0267668	SUPPORT	FL	501(c)(3)	11C, TYPE 3	NA		No
(1) BAPTIST HOSPITAL OF MIAMI 8900 N KENDALL DRIVE MIAMI, FL 33176 59-0910342	HOSPITAL	FL	501(c)(3)	3	BHSF		No
(2) BHSF REAL ESTATE FOUNDATION 6855 RED ROAD CORAL GABLES, FL 33143 65-0611015	SUPPORT	FL	501(c)(3)	11A, TYPE 1	BHSF		No
(3) SOUTH MIAMI HOSPITAL 6200 SW 73 ST SOUTH MIAMI, FL 33143 59-0872594	HOSPITAL	FL	501(c)(3)	3	BHSF		No
(4) MARINERS HOSPITAL 91500 OVERSEAS HIGHWAY TAVERNIER, FL 33070 59-1987355	HOSPITAL	FL	501(c)(3)	3	BHSF		No
(5) DOCTORS HOSPITAL 5000 UNIVERSITY DRIVE CORAL GABLES, FL 33146 04-3775926	HOSPITAL	FL	501(c)(3)	3	BHSF		No
(6) WEST KENDALL BAPTIST HOSPITAL 9555 SW 162 AVE MIAMI, FL 33196 52-2438452	HOSPITAL	FL	501(c)(3)	3	BHSF		No
(7) BAPTIST HEALTH SOUTH FLORIDA FOUNDATION 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 59-1923401	FUNDRAISING	FL	501(c)(3)	7	BHSF		No
(8) BAPTIST OUTPATIENT SERVICES 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 56-2290370	MED DIAG	FL	501(c)(3)	3	BHSF		No
(9) BAPTIST HEALTH MEDICAL GROUP INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 46-2597739	HEALTHCARE	FL	501(C)(3)	9	BHSF		No
(10) MIAMI CANCER INSTITUTE AT BAPTIST HEALTH 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 47-3090066	HEALTHCARE	FL	APPLIED FOR	APPLIED FOR	BHSF		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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							
BAPTIST HEALTH ENTERPRISES INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 59-2572862	REAL ESTATE MGMT	FL	BHSF	C	0	0		No
SAMARITAN RISK RETENTION GROUP 7301 RIVERS AVENUE SUITE 230 NORTH CHARLESTON, SC 29406 20-3433505	INSURANCE	SC	BHSF	C	0	0		No
PINEAPPLE INSURANCE COMPANY 23 LIME TREE BAY AVE PO BOX 1051 GRAND CAYMAN KY1-11 CJ 98-0465790	INSURANCE	CJ	BHSF	C	0	0		No
BMAB EAST TOWER INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 65-4047110	REAL ESTATE MGMT	FL	BHE	C	0	0		No
BAPTIST MEDICAL SERVICES CORP 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 65-0506620	HOLDING COMPANY	FL	BHE	C	0	0		No
KENDALL CREDIT & BUSINESS SERVICES INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 65-0434778	COLLECTIONS	FL	BHE	C	0	0		No
WEST KENDALL PROFESSIONAL SERVICES INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 65-0475570	COLLECTIONS	FL	BHE	C	0	0		No
SOUTH MIAMI HEALTH ENTERPRISES INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 59-2623930	MEDICAL CENTER	FL	BHE	C	0	0		No
BAPTIST MEDICAL TRANSPORT SERVICES INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 65-0732544	PATIENT TRANSPORT	FL	BHE	C	0	0		No
EAST KENDALL INVESTMENTS INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 65-0593165	REAL ESTATE RENTL	FL	BHE	C	0	0		No
BAPTIST AMBULATORY SERVICES INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 42-1573814	HOLDING COMPANY	FL	BHE	C	0	0		No
BHE REALTY 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 90-0152617	R ESTATE BROKER	FL	BHE	C	0	0		No
BAPTIST ANCILLARY SERVICES INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 55-0800138	HOLDING COMPANY	FL	BHE	C	0	0		No