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EXTENDED TO AUGUST 15, 2018

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No 1545-0687

For calendar year 2016 or other tax year beginning **OCT 1, 2016**, and ending **SEP 30, 2017**

2016

Department of the Treasury
Internal Revenue Service

► Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for
501(c)(3) Organizations Only

A ☐ Check box if
address changed

Name of organization (☐ Check box if name changed and see instructions.)

D Employer identification number
(Employees' trust, see
instructions)

B Exempt under section

Print
or
Type

HOMESTEAD HOSPITAL, INC.

65-0232993

☒ 501(c)(3)

Number, street, and room or suite no. If a P O box, see instructions

E Unrelated business activity codes
(See instructions)

☐ 408(e) ☐ 220(e)

975 BAPTIST WAY

☐ 408A ☐ 530(a)

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

900099

☐ 529(a)

HOMESTEAD, FL 33033

C Book value of all assets
at end of year

F Group exemption number (See instructions)

71,215,600.

G Check organization type

☒ 501(c) corporation

☐ 501(c) trust

☐ 401(a) trust

☐ Other trust

H Describe the organization's primary unrelated business activity. ► **MISCELLANEOUS**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

If "Yes," enter the name and identifying number of the parent corporation. ►

SEE STATEMENT 2 BAPT

☒ Yes ☐ No
65-0267668

J The books are in care of ► **FINANCE DEPARTMENT**

Telephone number ► **(786) 662-7000**

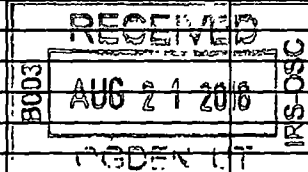
Part I Unrelated Trade or Business Income

(A) Income

(B) Expenses

(C) Net

1a	Gross receipts or sales	40,778.			
b	Less returns and allowances		c Balance	1c	40,778.
2	Cost of goods sold (Schedule A, line 7)			2	
3	Gross profit. Subtract line 2 from line 1c			3	40,778.
4a	Capital gain net income (attach Schedule D)			4a	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			4b	
c	Capital loss deduction for trusts			4c	
5	Income (loss) from partnerships and S corporations (attach statement)			5	
6	Rent income (Schedule C)			6	
7	Unrelated debt-financed income (Schedule E)			7	
8	Interest, annuities, royalties, and rents from controlled organizations (Sch F)			8	
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			9	
10	Exploited exempt activity income (Schedule I)			10	
11	Advertising income (Schedule J)			11	
12	Other income (See instructions; attach schedule)			12	
13	Total. Combine lines 3 through 12			13	40,778.



Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)

(Except for contributions, deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	7,778.
29	Total deductions Add lines 14 through 28	29	7,778.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	33,000.
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30	32	33,000.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34	Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	32,000.

SEE STATEMENT 1

SCANNED SEP 24 2018

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☒ See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$ 32,000.

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34

SEE STATEMENT 3

35c

10,880.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:☐ Tax rate schedule or ☐ Schedule D (Form 1041)

36

37 Proxy tax. See instructions

37

38 Alternative minimum tax

38

39 Tax on Non-Compliant Facility Income. See instructions

39

40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies

40

10,880.

Part IV Tax and Payments**41a Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116)

41a

b Other credits (see instructions)

41b

c General business credit. Attach Form 3800

41c

d Credit for prior year minimum tax (attach Form 8801 or 8827)

41d

100.

e Total credits. Add lines 41a through 41d

41e

100.

42 Subtract line 41e from line 40

42

10,780.

43 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)

43

44 Total tax. Add lines 42 and 43

44

10,780.

45a Payments: A 2015 overpayment credited to 2016

45a

280.

b 2016 estimated tax payments

45b

11,000.

c Tax deposited with Form 8868

45c

d Foreign organizations: Tax paid or withheld at source (see instructions)

45d

e Backup withholding (see instructions)

45e

f Credit for small employer health insurance premiums (Attach Form 8941)

45f

g Other credits and payments:☐ Form 2439☐ Form 4136☐ Other

Total

45g

46 Total payments. Add lines 45a through 45g

46

11,280.

47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐

47

48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed

48

49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid

49

500.

50 Enter the amount of line 49 you want: Credited to 2017 estimated tax

500.

Refunded

50

0.

Part V Statements Regarding Certain Activities and Other Information (see instructions)**51** At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here

Yes

No

52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.

Yes

No

53 Enter the amount of tax-exempt interest received or accrued during the tax year

\$

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

Title

CORPORATE VP,
FINANCEMay the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

STEVEN ROVNER

S.E.A.

7/26/18

P00648526

Firm's name DELOITTE TAX LLP

Firm's EIN 86-1065772

Firm's address 201 N. FRANKLIN STREET, SUITE 3600

TAMPA, FL 33602-5818

Phone no. 813-273-8355

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Schedule A - Cost of Goods Sold. Enter method of inventory valuation **► N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3				
4a Additional section 263A costs (attach schedule)	4a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b Other costs (attach schedule)	4b				X
5 Total. Add lines 1 through 4b	5				

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)**1.** Description of property

(1)
(2)
(3)
(4)

2 Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **►****(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) **►**

0. 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ►			0.	0.
Total dividends-received deductions included in column 8 ►				0.

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Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)	Enter here and on page 1, Part I, line 9, column (B)	
Totals		0.	0.	

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)	Enter here and on page 1, Part II, line 26		
Totals		0.	0.	0.		

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14			0.

Form 990-T (2016)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	1
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DESCRIPTIONAMOUNT

MISCELLANEOUS EXPENSES

7,778.

TOTAL TO FORM 990-T, PAGE 1, LINE 28

7,778.

FORM 990-T	PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER	STATEMENT	2
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CORPORATION'S NAMEIDENTIFYING NO

BAPTIST HEALTH SOUTH FLORIDA, INC.

65-0267668

FORM 990-T	TAX COMPUTATION	STATEMENT	3
1. TAXABLE INCOME	32,000		
2. LESSER OF LINE 1 OR FIRST BRACKET AMOUNT .	0		
3. LINE 1 LESS LINE 2	32,000		
4. LESSER OF LINE 3 OR SECOND BRACKET AMOUNT .	0		
5. LINE 3 LESS LINE 4	32,000		
6. INCOME SUBJECT TO 34% TAX RATE	32,000		
7. INCOME SUBJECT TO 35% TAX RATE	0		
8. 15 PERCENT OF LINE 2	0		
9. 25 PERCENT OF LINE 4	0		
10. 34 PERCENT OF LINE 6	10,880		
11. 35 PERCENT OF LINE 7	0		
12. ADDITIONAL 5% SURTAX.	0		
13. ADDITIONAL 3% SURTAX	0		
14. TOTAL OF LINES 8 THROUGH 13 TO FORM 990-T, PAGE 2, LINE 35C		10,880	

Alternative Minimum Tax—Corporations

OMB No 1545-0123

2015

► Attach to the corporation's tax return.

► Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

Name

HOMESTEAD HOSPITAL, INC

Employer identification number

65-0232993

Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

1	Taxable income or (loss) before net operating loss deduction	1	32,000
2	Adjustments and preferences:		
a	Depreciation of post-1986 property	2a	
b	Amortization of certified pollution control facilities.	2b	
c	Amortization of mining exploration and development costs	2c	
d	Amortization of circulation expenditures (personal holding companies only)	2d	
e	Adjusted gain or loss	2e	
f	Long-term contracts	2f	
g	Merchant marine capital construction funds.	2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h	
i	Tax shelter farm activities (personal service corporations only)	2i	
j	Passive activities (closely held corporations and personal service corporations only)	2j	
k	Loss limitations	2k	
l	Depletion	2l	
m	Tax-exempt interest income from specified private activity bonds	2m	
n	Intangible drilling costs	2n	
o	Other adjustments and preferences	2o	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o.	3	32,000
4	Adjusted current earnings (ACE) adjustment:		
a	ACE from line 10 of the ACE worksheet in the instructions	4a	
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions)	4b	
c	Multiply line 4b by 75% (.75). Enter the result as a positive amount	4c	
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions) Note: You must enter an amount on line 4d (even if line 4b is positive).	4d	
e	ACE adjustment. • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	4e	
5	Combine lines 3 and 4e. If zero or less, stop here, the corporation does not owe any AMT	5	
6	Alternative tax net operating loss deduction (see instructions)	6	0
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	7	32,000
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
a	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8a	
b	Multiply line 8a by 25% (.25).	8b	
c	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions) If zero or less, enter -0-	8c	0
9	Subtract line 8c from line 7. If zero or less, enter -0-	9	32,000
10	Multiply line 9 by 20% (.20)	10	6,400
11	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)	11	
12	Tentative minimum tax. Subtract line 11 from line 10.	12	6,400
13	Regular tax liability before applying all credits except the foreign tax credit	13	10,880
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	14	0

2016Department of the Treasury
Internal Revenue Service▶ Attach to the corporation's tax return.
▶ Information about Form 8827 and its instructions is at www.irs.gov/form8827

Name HOMESTEAD HOSPITAL, INC.		Employer identification number 65-0232993
1	Alternative minimum tax (AMT) for 2015. Enter the amount from line 14 of the 2015 Form 4626	100.
2	Minimum tax credit carryforward from 2015. Enter the amount from line 9 of the 2015 Form 8827	
3	Enter any 2015 unallowed qualified electric vehicle credit (see instructions)	
4	Add lines 1, 2, and 3	100.
5	Enter the corporation's 2016 regular income tax liability minus allowable tax credits (see instructions)	10,880.
6	Is the corporation a "small corporation" exempt from the AMT for 2016 (see instructions)? • Yes Enter 25% of the excess of line 5 over \$25,000. If line 5 is \$25,000 or less, enter -0- • No Complete Form 4626 for 2016 and enter the tentative minimum tax from line 12	0.
7a	Subtract line 6 from line 5. If zero or less, enter -0-	10,880.
7b	For a corporation electing to accelerate the minimum tax credit, enter the bonus depreciation amount attributable to the minimum tax credit (see instructions)	
7c	Add lines 7a and 7b	10,880.
8a	Enter the smaller of line 4 or line 7c. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions	100.
8b	Current year minimum tax credit Enter the smaller of line 4 or line 7a here and on Form 1120, Schedule J, Part I, line 5d (or the applicable line of your return). If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions. If you made an entry on line 7b, go to line 8c. Otherwise, skip line 8c	100.
8c	Subtract line 8b from line 8a. This is the refundable amount for a corporation electing to accelerate the minimum tax credit. Include this amount on Form 1120, Schedule J, Part II, line 19c (or the applicable line of your return)	
9	Minimum tax credit carryforward to 2017. Subtract line 8a from line 4. Keep a record of this amount to carry forward and use in future years	

PRIOR YEAR MINIMUM TAX CREDIT				STATEMENT	4
TAX YEAR	ORIGINAL	PREVIOUSLY APPLIED	REMAINING	AVAILABLE THIS YEAR	
09/30/16	100.	0.	100.	100.	
AVAILABLE FOR CREDIT			100.	100.	