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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

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10-01-2017 , and ending 09-30-2018

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
HOMESTEAD HOSPITAL INC

Doing business as

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

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

D Employer identification number
65-0232993

E Telephone number
(786) 662-7000

G Gross receipts $ 418,320,424

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 FORM 990, PART III, LINE 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)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	1,184
6	Total number of volunteers (estimate if necessary)	6	166
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,519
b	Net unrelated business taxable income from Form 990-T, line 34	7b	63,478

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	463,913	6,548,704
9	Program service revenue (Part VIII, line 2g)	403,738,933	408,327,734
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	38,011	1,150
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,530,969	2,904,660
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	405,771,826	417,782,248
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	31,546	18,475
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	96,399,255	97,915,982
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	333,383,039	363,309,153
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	429,813,840	461,243,610
19	Revenue less expenses Subtract line 18 from line 12	-24,042,014	-43,461,362

Net Assets or Fund Balances		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	71,215,600	63,558,635
21	Total liabilities (Part X, line 26)	495,009,950	532,035,738
22	Net assets or fund balances Subtract line 21 from line 20	-423,794,350	-468,477,103

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 | Date 2019-08-13

JANETTE SANCHEZ CORPORATE VP OF FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
STEVEN ROVNER	STEVEN ROVNER			P00648526

Firm's name ▶ DELOITTE TAX LLP | Firm's EIN ▶ 86-1065772

Firm's address ▶ 201 N FRANKLIN STREET SUITE 3600
TAMPA, FL 336025818 | Phone no (813) 273-8355

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 433,697,544 including grants of $ 18,475) (Revenue $ 408,327,734)

See Additional Data

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶** 433,697,544

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
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? *If "Yes," complete Schedule I, Parts I and II*	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? *If "Yes," complete Schedule I, Parts I and III*	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? *If "Yes," complete Schedule J*	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? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	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? *If "Yes," complete Schedule L, Part III*	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? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	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? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	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? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	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? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	0			
b 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**		
9a Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**		
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**		

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

		Line	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year — 1a: 14			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent — 1b: 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		No

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

		Line	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	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
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): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) BARBARA C HANCK DIRECTOR	2 00 0 00	X						0	0	0
(2) RENE W TAYLOR DIRECTOR	2 00 0 00	X						986	0	0
(3) M JOHANNA PATERSON DIRECTOR	2 00 2 00	X						1,170	0	0
(4) RAMON OYARZUN DIRECTOR	2 00 2 00	X						330	0	0
(5) STEVEN SAPP DIRECTOR	2 00 0 00	X						0	0	0
(6) WILLIE CARPENTER DIRECTOR	2 00 0 00	X						1,375	0	0
(7) REV WILLIAM L CHAMBERS CHAIRMAN	2 00 4 00	X						0	0	0
(8) MARIA COSTA SMITH DIRECTOR	2 00 0 00	X						0	0	0
(9) MARIA C GARZA DIRECTOR, END 09/18	2 00 0 00	X						0	0	0
(10) HERBERT H GREENE MD DIRECTOR	2 00 4 00	X						80	0	0
(11) DR JEANNE F JACOBS DIRECTOR	2 00 0 00	X						659	0	0
(12) JOHN P MAAS ESQ DIRECTOR	2 00 0 00	X						0	0	0
(13) WILLIAM TILLET DIRECTOR	2 00 8 00	X						25	0	0
(14) ROBERT ZOLTEN MD DIRECTOR, END 07/18	2 00 0 00	X						0	0	0
(15) GEORGE CADMAN III DIRECTOR	2 00 4 00	X						0	0	0
(16) SAMIR KULKARNI MD DIRECTOR, BEG 10/17	2 00 2 00	X						0	0	0
(17) WILLIAM M DUQUETTE CEO	50 00 0 00			X				0	617,819	116,333

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) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) NANCY GORDON VP & CNO	50 00 0 00				X			315,343	0	26,633
(19) KENNETH SPELL VP OF PROFESSIONAL SERVICE	50 00 0 00				X			273,927	0	40,703
(20) MARIE-ELSIE ADE DIRECTOR OF PHARMACY	40 00 0 00					X		244,176	0	17,201
(21) ANA CABRERA AVP CRITICAL CARE SVCS	40 00 0 00					X		197,204	0	34,023
(22) ANN ALLEN AVP NURSING	40 00 0 00					X		194,978	0	22,906
(23) WINIFRED PARDO PHARMACY MANAGER	40 00 0 00					X		184,874	0	31,493
(24) KURT KADEL AVP HOSPITAL ADMIN	40 00 0 00					X		178,823	0	31,070
(25) COREY GOLD FORMER VP	50 00 0 00						X	194,037	0	4,065

	(D)	(E)	(F)
1b Sub-Total ▶			
c Total from continuation sheets to Part VII, Section A ▶			
d Total (add lines 1b and 1c) ▶	1,787,987	617,819	324,427

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 178

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3	Yes	
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? *If "Yes," complete Schedule J for such individual*	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?*If "Yes," complete Schedule J for such person*	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
GREATER MIAMI ANESTHESIA SERVICES PA 7337 SW 169 TERRACE PALMETTO BAY, FL 33157	PHYSICIAN SERVICES	4,653,619
SOUTH DADE MEDICAL GROUP LLP PO BOX 901430 HOMESTEAD, FL 33090	PHYSICIAN SERVICES	4,355,706
OLYMPIA LLP PO BOX 025278 MIAMI, FL 33102	PHYSICIAN SERVICES	3,777,526
PEDIATRIC EMERGENCY NETWORK PA 2080 SW 59 AVE PLANTATION, FL 33137	PHYSICIAN SERVICES	2,491,900
BMA DBA SOUTH MIAMI FLORIDA PO BOX 919214 DALLAS, TX 75391	MEDICAL SERVICES	1,293,124

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 ▶ 36

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 6,548,704				
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 ▶		6,548,704			
Program Service Revenue	Business Code				
2a NET PATIENT REVENUE	621300	408,318,791	408,318,791		
b GRANT REVENUE	900099	8,943	8,943		
c					
d					
e					
f All other program service revenue					
g **Total.** Add lines 2a–2f ▶		408,327,734			
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) ▶		62,109			62,109
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties ▶					
6a Gross rents	(i) Real 410,412; (ii) Personal				
b Less rental expenses	(i) 467,630				
c Rental income or (loss)	(i) -57,218				
d Net rental income or (loss) ▶		-57,218			-57,218
7a Gross amount from sales of assets other than inventory	(i) Securities; (ii) Other 9,587				
b Less cost or other basis and sales expenses	(ii) 70,546				
c Gain or (loss)	(ii) -60,959				
d Net gain or (loss) ▶		-60,959			-60,959
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 ▶					
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 ▶					
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 ▶					
Miscellaneous Revenue	Business Code				
11a GAIN ON EXTINGUISHMENT OF DEBT	900099	1,214,665			1,214,665
b CAFETERIA	722514	1,182,129			1,182,129
c GIFT SHOP	453220	495,821			495,821
d All other revenue		69,263		3,519	65,744
e **Total.** Add lines 11a–11d ▶		2,961,878			
12 **Total revenue.** See Instructions ▶		417,782,248	408,327,734	3,519	2,902,291

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	18,475	18,475		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	674,943		674,943	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	78,927,601	67,088,461	11,839,140	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,365,887	2,861,004	504,883	
9 Other employee benefits	9,216,978	7,834,431	1,382,547	
10 Payroll taxes	5,730,573	4,870,987	859,586	
11 Fees for services (non-employees)				
a Management				
b Legal	665,308		665,308	
c Accounting	89,350		89,350	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	37,577,505	35,635,977	1,941,528	
12 Advertising and promotion	858,792	729,973	128,819	
13 Office expenses	5,461,358	4,642,154	819,204	
14 Information technology	8,910,351	7,573,798	1,336,553	
15 Royalties . .				
16 Occupancy	2,656,303	2,257,858	398,445	
17 Travel	64,205	54,574	9,631	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	898	763	135	
20 Interest	4,498,828	3,824,004	674,824	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	3,680,546	3,128,464	552,082	
23 Insurance . . .	19,332,652	19,287,663	44,989	
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 CHARITY CARE	126,887,290	126,887,290		
b PROVISION FOR BAD DEBTS	103,491,961	103,491,961		
c MANAGEMENT FEES	26,820,083	22,797,071	4,023,012	
d MEDICAL SUPPLIES	17,454,701	17,454,701		
e All other expenses	4,859,022	3,257,935	1,601,087	
25 **Total functional expenses.** Add lines 1 through 24e	461,243,610	433,697,544	27,546,066	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 IX . . . . ☐

					(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			4,309	1	4,460
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			18,697,946	4	15,088,629
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	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				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			2,267,136	8	2,215,152
	9	Prepaid expenses and deferred charges			810,610	9	745,929
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	71,572,194			
	b	Less accumulated depreciation	10b	39,880,121	31,623,800	10c	31,692,073
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			17,811,799	15	13,812,392
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			71,215,600	16	63,558,635
Liabilities	17	Accounts payable and accrued expenses			36,347,084	17	36,645,909
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			116,592,424	20	114,112,910
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			342,070,442	25	381,276,919
	26	**Total liabilities.** Add lines 17 through 25			495,009,950	26	532,035,738
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			-429,815,126	27	-472,647,289
	28	Temporarily restricted net assets			6,020,776	28	4,170,186
	29	Permanently restricted net assets				29	
		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			-423,794,350	33	-468,477,103
	34	Total liabilities and net assets/fund balances			71,215,600	34	63,558,635

Part XI **Reconcilliation 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	417,782,248
2	Total expenses (must equal Part IX, column (A), line 25)	2	461,243,610
3	Revenue less expenses Subtract line 2 from line 1	3	-43,461,362
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-423,794,350
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	-1,221,391
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-468,477,103

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?	2a		No
	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			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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?	3a		No
b	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	3b		

Additional Data

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

Form 990 (2017)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493226023419

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

2017

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 12, 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 (Form 990 or 990-EZ))

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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

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

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

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 11285F **Schedule A (Form 990 or 990-EZ) 2017**

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**
(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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 2017 (line 6, column (f) divided by line 11, column (f)) | 14 |

15 Public support percentage for 2016 Schedule A, Part II, line 14 | 15 |

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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 III **Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **331/3% support tests—2017.** 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—2016.** 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 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	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 I of Schedule L (Form 990 or 990-EZ)*	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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b 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		

Part IV **Supporting Organizations** (continued)

			Yes	No
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**		

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*	**1**		
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*	**2**		

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)*	**1**		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
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)*	**2**		
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*	**3**		

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)

			Yes	No
2	Activities Test **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*	**2a**		
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*	**2b**		
3	Parent of Supported Organizations **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.***	**3a**		
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*	**3b**		

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 (explain in Part VI) **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)

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

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 2017 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-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

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

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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
2017
Open to Public Inspection

Name of the organization
HOMESTEAD HOSPITAL INC

Employer identification number
65-0232993

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on 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" on 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	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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, handling of violations, and enforcing conservation easements during the year ▶ ____________

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on Form 990, Part VIII, line 1 ▶ $ ____________

b Assets included in Form 990, Part X ▶ $ ____________

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" on 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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(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 on 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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	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" on 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		5,592,721		5,592,721
b Buildings		26,473,386	11,689,646	14,783,740
c Leasehold improvements				
d Equipment		35,769,238	27,239,271	8,529,967
e Other		3,736,849	951,204	2,785,645

Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶ 31,692,073

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3)Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN BHSF FOUNDATION, INC	4,170,186
(2) OTHER RECEIVABLES	149,972
(3) ASSETS HELD FOR SALE	233,539
(4) PHYSICIAN GUARANTEE ASSET	9,258,695
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . ▶	13,812,392

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
SELF INSURANCE RESERVES	22,413,862
DUE TO TAX EXEMPT AFFILIATE	349,604,362
PHYSICIAN GUARANTEE LIABILITY	9,258,695
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	381,276,919

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	187,463,437
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
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	-230,379,251		
e	Add lines **2a** through **2d**			2e	-230,379,251
3	Subtract line **2e** from line **1**			3	417,842,688
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	-60,440		
c	Add lines **4a** and **4b**			4c	-60,440
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	417,782,248

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	230,924,799
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	60,440		
e	Add lines **2a** through **2d**			2e	60,440
3	Subtract line **2e** from line **1**			3	230,864,359
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	230,379,251		
c	Add lines **4a** and **4b**			4c	230,379,251
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	461,243,610

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
See Additional Data Table	

Part XIII **Supplemental Information *(continued)***

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	FIN 48 (ASC 740) FOOTNOTE THE CURRENT ACCOUNTING STANDARDS REQUIRE THAT DEFERRED INCOME TA XES REFLECT THE TAX CONSEQUENCES ON FUTURE YEARS OF DIFFERENCES BETWEEN THE TAX BASES OF A SSETS AND LIABILITIES AND THEIR BASES FOR FINANCIAL REPORTING PURPOSES ACCOUNTING FOR UNC ERTAINTY IN INCOME TAXES PRESCRIBES A COMPREHENSIVE MODEL FOR HOW AN ORGANIZATION SHOULD M EASURE, RECOGNIZE, PRESENT, AND DISCLOSE IN ITS FINANCIAL STATEMENTS UNCERTAIN TAX POSITIO NS THAT AN ORGANIZATION HAS TAKEN OR EXPECTS TO TAKE ON A TAX RETURN FUTURE TAX BENEFITS, SUCH AS MINIMUM TAX CREDIT CARRY FORWARDS, ARE REQUIRED TO BE RECOGNIZED TO THE EXTENT TH AT REALIZATION OF SUCH BENEFITS IS MORE LIKELY THAN NOT AS OF SEPTEMBER 30, 2018 AND 2017 , BHSF HAD NO MATERIAL UNRECOGNIZED TAX POSITIONS WHICH ARE EXPECTED TO REMAIN UNCHANGED T HROUGH SEPTEMBER 30, 2019 ON DECEMBER 22, 2017, THE UNITED STATES CONGRESS ENACTED THE TA X CUTS AND JOBS ACT ("TAX ACT") THE TAX ACT MADE SIGNIFICANT MODIFICATIONS TO THE PROVISI ONS OF THE INTERNAL REVENUE CODE, INCLUDING BUT NOT LIMITED TO A U S CORPORATE TAX RATE D ECREASE TO 21% RATE EFFECTIVE JANUARY 1, 2018 BHSF DEFERRED TAX ASSETS AND LIABILITIES WE RE REVALUED AT THE NEWLY ENACTED U S CORPORATE TAX RATE AND THE CURRENT INCOME TAX PROVIS ION HAS BEEN RECOGNIZED FOR OUR FOR-PROFIT AND NOT-FOR-PROFIT CORPORATIONS USING A BLENDED TAX RATE FOR FISCAL YEAR ENDING SEPTEMBER 30, 2018 AT SEPTEMBER 30, 2018, BHE HAD A FEDE RAL AND STATE NET OPERATING LOSS CARRYFORWARD, ALL OF WHICH IS AVAILABLE TO REDUCE FUTURE INCOME TAXES BHSF IS PERIODICALLY AUDITED BY FEDERAL AND STATE TAXING AUTHORITIES THE OU TCOME OF THESE AUDITS MAY RESULT IN BHSF BEING ASSESSED TAXES IN ADDITION TO AMOUNTS PREVI OUSLY PAID FEDERAL RETURNS FOR FISCAL YEARS 2015 THROUGH 2017 REMAIN OPEN AND SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHARITY CARE -126,887,290 PROVISION FOR BAD DEBT -103,491,961

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	LOSS ON DISPOSAL OF ASSET -60,959 REIMBURSED EXPENSES 519

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	LOSS ON DISPOSAL OF ASSET 60,959 REIMBURSED EXPENSES -519

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	CHARITY CARE 126,887,290 PROVISION FOR BAD DEBT 103,491,961

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on 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.*

OMB No 1545-0047

2017

Open to Public Inspection

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 *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☑ Other 30000 0000000000 %	3a	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other ______ %	3b		No
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			
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 eligibile 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)		5,582	29,767,965		29,767,965	8 320 %
b Medicaid (from Worksheet 3, column a)			57,870,663	32,776,501	25,094,162	7 010 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs		5,582	87,638,628	32,776,501	54,862,127	15 330 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			142,538		142,538	0 040 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			687,984		687,984	0 190 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits			830,522		830,522	0 230 %
k **Total.** Add lines 7d and 7j		5,582	88,469,150	32,776,501	55,692,649	15 560 %

Part II **Community 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
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	22,346,285		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	21,784,967
6	Enter Medicare allowable costs of care relating to payments on line 5	6	32,543,968
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-10,759,001

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

			Yes	No
9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV **Management 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)

Name of hospital facility or letter of facility reporting group HOMESTEAD HOSPITAL INC

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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
	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 ☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
	j ☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15			
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	
6 a	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?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
	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 15			
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		
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on 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)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group HOMESTEAD HOSPITAL INC

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
	a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300 000000000000 % and FPG family income limit for eligibility for discounted care of 0 000000000000 %			
	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	Was widely publicized 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) SEE PART V, SECTION C			
	b ☑ The FAP application form was widely available on a website (list url) SEE PART V, SECTION C			
	c ☑ A plain language summary of the FAP was widely available on a website (list url) SEE PART V, SECTION C			
	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 ☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
	h ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
	i ☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
	j ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

HOMESTEAD HOSPITAL INC

Name of hospital facility or letter of facility reporting group

		Yes	No
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 nonpayment?	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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized 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?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ 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 19 (check all that apply)			
a ☐ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☐ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

		Yes	No
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?	21	Yes	
If "No," indicate why			
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)			

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group HOMESTEAD HOSPITAL INC

		Yes	No
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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d ☐ The hospital facility used a prospective Medicare or Medicaid method			
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? . . .	**23**		No
If "Yes," explain in Section C			
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? . . .	**24**		No
If "Yes," explain in Section C			

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, 16j, 18e, 19e, 20e, 21c, 21d, 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 Add'l Data	

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A	BAPTIST HEALTH SOUTH FLORIDA, INC ("BHSF") THE HOSPITAL'S PARENTORGANIZATION, 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	COLUMN (F)BAD DEBT EXPENSE OF $103,491,961 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 THE COST OF CHARITY CARE AND MEANS-TESTED GOVERNMENT PROGRAMS ARE DETERMINED USING THEIR 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 THEIR FINANCE DEPARTMENT USING THEIR COST ACCOUNTING SYSTEM OR THE ACTUAL AMOUNTS PAID WHERE APPROPRIATE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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 THEIR COST ACCOUNTING SYSTEM AGAINST BAD DEBT EXPENSE REPORTED ON THE AUDITED FINANCIAL STATEMENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	MEDICARE COSTS WERE DERIVED USING THEIR 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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 DEBTCOLLECTION POLICY NO COLLECTION EFFORTS ARE PUT FORTH FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	NEEDS ASSESSMENTHOMESTEAD 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 TOOK 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 THEIR COMMUNITY THEY ARE * ACCESS TO CARE (FOR THE UNINSURED)* AVAILABILITY OF PRIMARY AND PREVENTIVE CARE * BARRIERS TO ACCESSING CARE * CHRONIC DISEASE MANAGEMENT * MENTAL HEALTH AND SUBSTANCE ABUSE * SOCIOECONOMIC CHALLENGES THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLANS, AVAILABLE ON BAPTIST HEALTH'S 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

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Form and Line Reference	Explanation
PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCEFINANCIAL 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 CONDUCTED 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

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Form and Line Reference	Explanation
PART VI, LINE 4	COMMUNITY INFORMATIONMIAMI-DADE COUNTY IS ONE OF THE MOST INTERNATIONAL COMMUNITIES IN THE NATION ACCORDING TO THE U S CENSUS, OVER A THIRD 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 $59,281, WHICH IS BELOW THE AVERAGE MIAMI-DADE COUNTY HOUSEHOLD INCOME OF $71,601 IN FACT, 29 PERCENT OF RESIDENTS IN HOMESTEAD HOSPITAL'S PATIENT SERVICE AREA LIVE WITH INCOMES LESS THAN THE FEDERAL POVERTY LEVEL, WHICH AMOUNTED TO $25,100 FOR A FAMILY OF FOUR IN 2016 IN ADDITION, OVER 50 PERCENT OF THE POPULATION IN FOUR OF THE SIX ZIP CODES THAT MAKE UP HOMESTEAD'S SERVICE AREA LIVE AT OR BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL THEY ARE THE MOST POPULOUS FOUR ZIP CODES AND ONE (33034) HAS 78 PERCENT OF THE POPULATION AT OR BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL TWENTY-FIVE PERCENT ARE UNDER 21 YEARS OLD, 59 PERCENT ARE AGES 21-64, AND 16 PERCENT ARE AGE 65 OR OLDER

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Form and Line Reference	Explanation
PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTHIN 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 9,170 INPATIENTS IN FISCAL YEAR 2018, AND MORE THAN 92,985 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

Form and Line Reference	Explanation
PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEMTHE BHSF SYSTEM PROVIDES A COMPREHENSIVE CONTINUUM OF SERVICE S, EITHER THROUGH ITS OWN PROGRAMS OR IN COOPERATION WITH OTHER AFFILIATED HOSPITALS AND H EALTH CARE PROVIDERS THE BHSF SYSTEM'S HEALTH CARE PROGRAMS AND SERVICES INCLUDE THE FOLL OWING MIAMI CARDIAC & VASCULAR INSTITUTE MIAMI CARDIAC & VASCULAR INSTITUTE ("MCVI") IS T HE LARGEST AND MOST COMPREHENSIVE CARDIOVASCULAR FACILITY IN THE REGION PATIENTS CAN EXPE RIENCE CONSISTENT, EXCEPTIONAL, EVIDENCE-BASED CARE AT INSTITUTE LOCATIONS THROUGHOUT BAPT IST HEALTH THEIR TEAM OF MULTILINGUAL, MULTIDISCIPLINARY SPECIALISTS HAVE PIONEERED THE D EVELOPMENT OF TECHNOLOGY USED TO TREAT ANEURYSMS, BLOCKAGES IN VEINS AND ARTERIES AND HOLE S IN THE HEART THEY PARTICIPATE IN FEDERALLY APPROVED CLINICAL RESEARCH STUDIES AND OFFER THE MOST MINIMALLY INVASIVE OPTIONS WHENEVER POSSIBLE MCVI ALSO OFFERS PERSONALIZED EDUC ATION AND REHABILITATION SERVICES TO HELP MANAGE EXISTING CONDITIONS AND TO PREVENT CARDIO VASCULAR DISEASE MCVI ADHERES TO QUALITY STANDARDS ESTABLISHED BY THE AMERICAN COLLEGE OF CARDIOLOGY, SOCIETY OF INTERVENTIONAL RADIOLOGY, AMERICAN COLLEGE OF RADIOLOGY, SOCIETY F OR VASCULAR SURGERY AND SOCIETY OF THORACIC SURGERY MCVI WAS ESTABLISHED IN 1987 UNDER TH E LEADERSHIP OF BARRY T KATZEN, M D DR KATZEN IS THE RECIPIENT OF THE CARDIOVASCULAR AN D RADIOLOGICAL SOCIETY OF EUROPE'S GOLD MEDAL AWARD FOR HIS GROUNDBREAKING WORK IN INTERVE NTIONAL RADIOLOGY, INCLUDING THE USE OF STENTS FOR PROPPING OPEN MAJOR BLOOD VESSELS OUTSI DE THE HEART DR KATZEN HAS THE DISTINCTION OF BEING THE FIRST AMERICAN TO EARN THE CARDI OVASCULAR AND RADIOLOGICAL SOCIETY OF EUROPE'S TOP HONOR MCVI HAS MORE THAN 76 PHYSICIANS WHO REPRESENT MORE THAN 20 SPECIALTIES AND HAVE MET STRINGENT REQUIREMENTS FOR ONGOING ME DICAL EDUCATION, TRAINING AND RESEARCH MCVI ALSO EMPLOYS MORE THAN 300 NURSES, TECHNOLOGI STS AND OTHER ALLIED HEALTH PROFESSIONALS EACH YEAR, MCVI HOSTS THE INTERNATIONAL SYMPOSI UM ON ENDOVASCULAR THERAPY, WITH MORE THAN 2,000 CARDIAC AND VASCULAR SPECIALISTS IN ATTEN DANCE MCVI RECENTLY COMPLETED AN EXPANSION AT BAPTIST HOSPITAL, THAT ADDED NEW SERVICES FO R PATIENTS TO ENSURE THAT THE INSTITUTE REMAINS AT THE FOREFRONT OF INNOVATIVE CARDIOVASCU LAR CARE THE $120 MILLION PROJECT ALSO INCLUDED THE EXPANSION OF BAPTIST HOSPITAL'S SURGE RY CENTER WITH SIX LARGE OPERATING ROOMS DEDICATED TO NEUROSCIENCE, CARDIAC AND ROBOTIC SU RGERY THE EXPANSION IS A GREAT GIFT FOR OUR COMMUNITY AND BEYOND NEW PROGRAMS PLANNED BY THE INSTITUTE INCLUDE A NATIONAL CENTER FOR ANEURYSM THERAPY, CENTER FOR ADVANCED ENDOVASC ULAR THERAPIES AND CENTER FOR STRUCTURAL HEART THERAPY MOST AREAS OF THE EXISTING FACILIT Y HAVE BEEN RENOVATED AND THREE ADVANCED ENDOVASCULAR PROCEDURE SUITES AND ONE INTERVENTIO NAL NEURO SUITE WERE ADDED MCVI IS MANAGED BY MIAMI CARDIAC & VASCULAR INSTITUTE MANAGEME NT COMPANY, LLC, A FLORIDA LIMITED LIABILITY CORPORATION BAPTIST HEALTH SOUTH FLORIDA HAS A 50% INTEREST IN MIAMI CARDIAC & VASCULAR INSTITUTE MANAGEMENT COMPANY, LLC, WHICH WAS FO RMED TO PROVIDE MANAGEMENT SERVICES TO MCVI IN ORDER TO IMPROVE CLINICAL PERFORMANCE AND A CHIEVE OPERATIONAL EFFICIENCY MIAMI CANCER INSTITUTE'S CANCER SERVICES MIAMI CANCER INSTI TUTE OFFICIALLY OPENED ITS DOORS IN JANUARY 2017 THE $430 MILLION, 445,000-SQUARE-FOOT FA CILITY IS PART OF BAPTIST HEALTH SOUTH FLORIDA MIAMI CANCER INSTITUTE HAS BECOME THE THIR D FULL MEMBER, AND THE ONLY MEMBER IN FLORIDA, OF THE MEMORIAL SLOAN KETTERING (MSK) CANCE R ALLIANCE, AN INITIATIVE DESIGNED TO COLLABORATIVELY GUIDE COMMUNITY PROVIDERS TOWARD STA TE-OF-THE-ART CANCER CARE MIAMI CANCER INSTITUTE FEATURES A UNIQUE, HYBRID ACADEMIC-COMMU NITY CANCER CENTER MODEL BACKED BY 30 YEARS OF BAPTIST HEALTH'S EXPERTISE IN CANCER CARE THE FACILITY, LOCATED ON THE BAPTIST HOSPITAL CAMPUS, CONSOLIDATES MANY OUTPATIENT CLINICA L SERVICES, CLINICAL RESEARCH, AND TECHNOLOGY PLATFORMS UNDER ONE ROOF THE INSTITUTE IS H OME TO ONE OF THE MOST COMPREHENSIVE AND ADVANCED RADIATION ONCOLOGY PROGRAMS IN THE WORLD , INCLUDING SOUTH FLORIDA'S FIRST PROTON THERAPY CENTER, ONE OF UNDER TWO DOZEN PROTON THE RAPY CENTERS IN THE NATION THE PRECISION OF PROTON THERAPY ALLOWS DOCTORS TO TARGET CANCE R CELLS WITHOUT DAMAGING HEALTHY TISSUE AND VITAL ORGANS MIAMI CANCER INSTITUTE EXPECTS TO DRAW A SIGNIFICANT NUMBER OF PATIENTS FROM OUTSIDE THE UNITED STATES AND WILL ATTRACT LEA DING MEDICAL AND BUSINESS PROFESSIONALS TO SOUTH FLORIDA FOR CONFERENCES, SYMPOSIA AND OTH ER EVENTS THE HILTON MIAMI-DADELAND - A 184-ROOM, FULL-SERVICE HOTEL AND CONFERENCE CENTE R - OPENED IN EARLY 2019 ON THE WEST END OF THE BAPTIST HOSPITAL CAMPUS AS AN ESSENTIAL CO MPONENT TO SERVING OUT-OF-TOWN PATIENTS AND GUESTS VISITING THE CANCER INSTITUTE MIAMI CAN CER INSTITUTE HAS THE SOPHISTICATED TECHNOLOGIES NEEDED FOR ACCURATE, EARLY DIAGNOSIS, AND IT OFFERS THE LATEST TREATMENT OVER 40,301 RADIATION TREATMENTS AND 54,029 CHEMOTHERAPY TREATMENTS WERE PERFORMED AT MIAMI CANCER INSTITUT

Form and Line Reference	Explanation
PART VI, LINE 6	E MIAMI CANCER INSTITUTE'S CANCER PROGRAM PARTICIPATES IN FDA-APPROVED CLINICAL RESEARCH IN THE AREAS OF ADULT CHEMOTHERAPY, PEDIATRIC CHEMOTHERAPY AND RADIATION ONCOLOGY, AND OFF ERS NUMEROUS RESEARCH PROTOCOLS TO PATIENTS FOR SUCH CONDITIONS AS CANCER OF THE BREAST, L UNG, OVARY, BRAIN, PROSTATE, CERVIX, HEAD AND NECK, SKIN, BLOOD AND LYMPH SYSTEMS SEVERAL RESEARCH PROTOCOLS NOW IN PROGRESS ARE FOCUSED ON THE EFFICACY OF OTHER NEW MOLECULARLY-T ARGETED THERAPIES POSITRON EMISSION TOMOGRAPHY ("PET") AND COMPUTED TOMOGRAPHY ("CT"), WH ICH DRAMATICALLY INCREASES THE ABILITY TO DIAGNOSE AND TREAT CANCER, IS AVAILABLE AT BAPTI ST HOSPITAL, SOUTH MIAMI HOSPITAL AND AT BAPTIST MEDICAL PLAZA OUTPATIENT CENTERS COMBINI NG THE CAPABILITY OF HIGH-QUALITY PET/CT, THE SCANNER ALLOWS PHYSICIANS TO MAKE A DIAGNOSI S BASED ON BOTH THE PHYSICAL LOCATION AND BIOCHEMISTRY OF A TUMOR BAPTIST AND SOUTH MIAMI HOSPITALS OFFER THE MOST TECHNOLOGICALLY ADVANCED RADIATION THERAPY, USING IMAGE GUIDED R ADIATION THERAPY ("IGRT") WHERE RADIOGRAPHIC IMAGES ARE TAKEN DURING EACH TREATMENT SESSIO N AND THE TREATMENT IS MODIFIED SIMULTANEOUSLY, ALLOWING FOR MORE PRECISE RADIATION DELIVE RY THIS PRECISION RESULTS IN DESTRUCTION OF MORE TUMORS, FEWER SIDE EFFECTS AND IMPROVED OUTCOMES AT SOUTH MIAMI HOSPITAL, TOMOTHERAPY COMBINES AN ADVANCED FORM OF INTENSITY MODU LATED RADIATION THERAPY ("IMRT") WITH THE ACCURACY OF CT SCANNING IN ONE UNIT THIS ALLOWS FOR MORE CONVENIENT TREATMENT PLANNING FOR THE PATIENT, AS WELL AS MORE PRECISE RADIATION DELIVERY, WHICH REDUCES RADIATION EXPOSURE TO HEALTHY TISSUES BOTH HOSPITALS ALSO OFFER CONFORMAL RADIATION THERAPY, ULTRASOUND-GUIDED CONFORMAL RADIATION THERAPY, IMRT, INTRA OP ERATIVE RADIATION THERAPY AND BRACHYTHERAPY, IN WHICH CANCER-KILLING RADIOACTIVE MATERIAL IS PLACED IN OR NEAR THE TUMOR ITSELF BAPTIST HEALTH ALSO OFFERS VIRTUAL COLONOSCOPY, WHIC H COMBINES 3-D CT TECHNOLOGY WITH COMPUTER SOFTWARE FOR A LESS INVASIVE DIAGNOSIS OF COLOR ECTAL CANCER SUPPORT SERVICES INCLUDE SPECIALLY TRAINED ONCOLOGY SOCIAL WORKERS AND PASTO RAL CARE STAFF FREE SUPPORT GROUPS ARE OFFERED FOR THOSE WITH BREAST CANCER, PROSTATE CAN CER, AND ORAL, HEAD OR NECK CANCERS OUTREACH EFFORTS INCLUDE SMOKING CESSATION PROGRAMS, FREE HEALTH FAIRS, SCREENINGS, EDUCATION AND PROGRAMS OBSERVING BREAST CANCER AWARENESS MO NTH AND NATIONAL CANCER SURVIVORS DAY OUR CANCER SPECIALISTS AND OTHER HEALTH CARE PROFESS IONALS WORK WITH PATIENTS IN A VARIETY OF SETTINGS, INCLUDING AN INTENSIVE CARE UNIT AND S PECIALIZED CANCER SETTINGS FOR INPATIENT AND OUTPATIENT TREATMENTS BAPTIST HOSPITAL, BAPT IST CHILDREN'S HOSPITAL AND SOUTH MIAMI HOSPITAL ARE ACCREDITED WITH COMMENDATION BY THE A MERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER

Form and Line Reference	Explanation
PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM CONTINUED	MIAMI ORTHOPEDICS & SPORTS MEDICINE INSTITUTE IS COMPRISED OF BOARD-CERTIFIED, FELLOWSHIP- TRAINED ORTHOPEDIC PHYSICIANS WHO ARE RECOGNIZED LOCALLY, NATIONALLY AND INTERNATIONALLY A S LEADERS IN ORTHOPEDICS AND THE CARE OF ATHLETES AND TREATMENT OF SPORTS INJURIES MIAMI ORTHOPEDICS & SPORTS MEDICINE INSTITUTE COMBINES ITS RESOURCES OF EXPERIENCED PHYSICIANS A ND LEADING-EDGE TREATMENTS AND TECHNOLOGY TO PROVIDE ADVANCED ORTHOPEDIC, PEDIATRIC ORTHOP EDIC AND SPORTS MEDICINE CARE AT SIX BAPTIST HEALTH LOCATIONS - DOCTORS HOSPITAL, BAPTIST HOSPITAL, BAPTIST CHILDREN'S HOSPITAL, SOUTH MIAMI HOSPITAL, WEST KENDALL BAPTIST HOSPITAL AND BAPTIST HEALTH MEDICAL PLAZA IN DAVIE THE INSTITUTE'S EXPERIENCED PHYSICIANS TREAT P ROFESSIONAL AND OLYMPIC ATHLETES FROM AROUND THE COUNTRY, THE CARIBBEAN AND LATIN AMERICA, AS WELL AS RECREATIONAL ATHLETES AND NON-ATHLETES FROM SOUTH FLORIDA MIAMI ORTHOPEDICS & SPORTS MEDICINE INSTITUTE PROVIDES SPORTS MEDICINE SERVICES FOR THE MIAMI DOLPHINS, MIAMI HEAT, FLORIDA PANTHERS, FLORIDA INTERNATIONAL UNIVERSITY ATHLETICS, ORANGE BOWL, MIAMI-DA DE COUNTY PUBLIC SCHOOLS ATHLETICS, MIAMI OPEN TENNIS AND MIAMI MARATHON AND HALF MARATHON WOMEN'S HEALTH SERVICES A WIDE RANGE OF SERVICES FOR THE SPECIAL HEALTH NEEDS OF WOMEN A RE OFFERED THROUGHOUT BAPTIST HEALTH THESE RANGE FROM MATERNITY AND NEWBORN SERVICES TO D IAGNOSTIC TESTING, HEALTH EDUCATION AND WELLNESS BAPTIST HEALTH PROVIDES FAMILY-CENTERED MATERNITY CARE FOR THE MORE THAN 12,000 BABIES BORN AT OUR FACILITIES EACH YEAR ON AVERAG E, OVER THE PAST THREE YEARS, APPROXIMATELY 30% OF ALL BABIES BORN IN MIAMI-DADE COUNTY WE RE DELIVERED IN A BAPTIST HEALTH HOSPITAL OVER 100 OBSTETRICS/GYNECOLOGY BOARD-CERTIFIED SPECIALISTS USE BAPTIST HEALTH FOR THEIR OBSTETRIC AND GYNECOLOGICAL PATIENTS BAPTIST HEA LTH FACILITIES OFFER A FULL SPECTRUM OF MATERNITY CARE OPTIONS, INCLUDING LABOR-DELIVERY-R ECOVERY AND LABOR-DELIVERY-RECOVERY-POSTPARTUM ROOMS, AND THEY ARE EQUIPPED TO HANDLE HIGH -RISK MOTHERS AND BIRTHS, INCLUDING BABIES WHO ARE PREMATURE OR ILL BAPTIST HOSPITAL AND SOUTH MIAMI HOSPITAL EACH HAVE LEVEL II NEONATAL INTENSIVE CARE UNITS ("NICU") AND LEVEL I II NICUS NEONATOLOGISTS ARE ON DUTY 24 HOURS A DAY AT BOTH BAPTIST HOSPITAL AND SOUTH MIA MI HOSPITAL WOMEN'S DIAGNOSTIC TESTING SERVICES ARE AVAILABLE AT A NUMBER OF HOSPITAL AND OUTPATIENT LOCATIONS THROUGHOUT THE HEALTH SYSTEM BAPTIST HEALTH PERFORMED MAMMOGRAPHIES, CORE BIOPSIES, BONE DENSITY EXAMS, AND ULTRASOUND STUDIES IN FISCAL YEAR 2018 AT SITES AC ROSS MIAMI-DADE, BROWARD, AND MONROE COUNTIES WITH A FOCUS ON WOMEN'S HEALTH EDUCATION AND WELLNESS ISSUES, THE WOMEN'S HEALTH RESOURCE CENTER, LOCATED ON THE BAPTIST HOSPITAL CAMP US, OFFERS INFORMATION, VIDEOS, INTERNET ACCESS, EDUCATIONAL CLASSES AND SUPPORT GROUPS C LASSES AND SUPPORT GROUPS ARE OFFERED ON A VARIETY OF WOMEN'S HEALTH TOPICS FROM BREAST HE ALTH TO MENOPAUSE AND FERTILITY THE WOMEN'S HEALTH RESOURCE CENTER ALSO PROVIDES ASSISTAN CE WITH PHYSICIAN REFERRALS SURGICAL SERVICES SURGICAL PROCEDURES PERFORMED IN BAPTIST H EALTH HOSPITALS RANGE FROM THE HIGHLY COMPLEX, SUCH AS OPEN HEART AND BRAIN SURGERY, TO TH E MINIMALLY INVASIVE SUCH AS ARTHROSCOPIC KNEE SURGERY APPROXIMATELY 92,980 OUTPATIENT SU RGERIES WERE PERFORMED IN BAPTIST HEALTH IN FISCAL YEAR 2018 RECENT ADDITIONS TO BAPTIST HEALTH COMPREHENSIVE SURGICAL SERVICES AND ADVANCED SURGICAL TECHNIQUES INCLUDE COMPLEX PE DIATRIC SURGERY, HIGHLY SPECIALIZED RETINAL SURGERY AND ROBOTIC SURGERY BAPTIST HOSPITAL WAS AMONG THE FIRST IN SOUTH FLORIDA TO OFFER IMAGE-GUIDED SURGERY FOR NEUROSURGERY, OTOLA RYNGOLOGY AND ORTHOPEDICS IMAGE-GUIDED SURGERY HELPS TO TRACK THE EXACT POSITION OF SURGI CAL INSTRUMENTS ON A COMPUTER MONITOR, ALLOWING PHYSICIANS TO TREAT PREVIOUSLY INOPERABLE OR HARD TO REACH AREAS THE RESULT IS INCREASED ACCURACY AND PRECISION, IMPROVED PATIENT S AFETY, SMALLER INCISIONS AND QUICKER RECOVERIES BAPTIST HOSPITAL, SOUTH MIAMI HOSPITAL, D OCTORS HOSPITAL, AND WEST KENDALL BAPTIST HOSPITAL HAVE THE INTUITIVE (DA VINCI) ROBOTIC S URGICAL SYSTEM AND SOUTH MIAMI HOSPITAL ALSO HAS THE COMPUTER MOTIONS (AESOP) PLATFORM TH ESE ROBOTIC SYSTEMS ALLOW SURGEONS TO OPERATE USING 3-D VIRTUAL REALITY CLINICAL IMAGING S ERVICES BAPTIST HEALTH SOUTH FLORIDA HAS THE LATEST DIAGNOSTIC IMAGING EQUIPMENT, SUCH AS MRI, SPIRAL CT, CT, PET AND COMBINATION PET/CT ALSO PROVIDED ARE GENERAL NUCLEAR MEDICIN E IMAGING, COMPLETE WOMEN'S IMAGING SERVICES (3-D MAMMOGRAPHY, ULTRASOUND, BONE DENSITY AN D BREAST BIOPSY), COMPREHENSIVE CARDIOVASCULAR TESTING AND A URODYNAMICS LAB FOR URINARY I NCONTINENCE CLINICAL IMAGING SERVICES FOR EMERGENCY, INPATIENT AND OUTPATIENT CARE ARE PR OVIDED AT ALL BAPTIST HEALTH HOSPITALS OUTPATIENT DIAGNOSTIC AND IMAGING SERVICES ARE ALS O OFFERED BY BAPTIST OUTPATIENT SERVICES AT THE BAPTIST OUTPATIENT CENTER ON THE BAPTIST H OSPITAL CAMPUS, THE BAPTIST DIAGNOSTIC CENTER ON THE WEST KENDALL BAPTIST HOSPITAL CAMPUS AND AT ELEVEN OF THE BAPTIST MEDICAL PLAZA LOCATIO

Form and Line Reference	Explanation
PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM CONTINUED	NS THROUGHOUT MIAMI-DADE AND BROWARD COUNTIES THE BAPTIST MEDICAL PLAZA AT COUNTRY WALK S PECIALIZES IN IMAGING SERVICES FOR PEDIATRIC PATIENTS INTERNATIONAL SERVICES APPROXIMATE LY 11,000 PATIENTS FROM 140 COUNTRIES HAVE CHOSEN BAPTIST HEALTH AS THEIR HEALTH-CARE PROV IDER THE MULTILINGUAL REPRESENTATIVES IN BAPTIST HEALTH'S INTERNATIONAL PROGRAM ARE AVAIL ABLE 24 HOURS A DAY AND COORDINATE EVERY ASPECT OF PATIENT CARE, INCLUDING ARRANGEMENTS FO R MEDICAL SERVICES, DIAGNOSTIC TESTING AND INPATIENT CARE, TRAVEL ARRANGEMENTS, SUCH AS AI R AND GROUND AMBULANCE, ACCOMMODATIONS FOR THE PATIENT AND FAMILY, AND FINANCIAL SERVICES THE PREMIER CARE SERVICE, CREATED ESPECIALLY FOR BAPTIST HEALTH INTERNATIONAL, OFFERS A C OMPREHENSIVE ONE-DAY PHYSICAL EXAMINATION, INCLUDING MEDICAL HISTORY, LABORATORY TESTS, EL ECTROCARDIOGRAM, CHEST X-RAY, HEARING AND VISUAL ACUITY TESTS, TUBERCULOSIS SCREENING AND PHYSICAL EXAMINATION BY A BOARD-CERTIFIED PHYSICIAN OUTPATIENT MULTI-DISCIPLINARY SERVICE S A 35,000-SQUARE-FOOT FACILITY OPENED IN PINECREST, FLORIDA, IN JANUARY 2017 SEVERAL AD DITIONAL MEDICAL ARTS BUILDINGS WILL OPEN IN THE SERVICE AREA THAT WILL PROVIDE IMPROVED A CCESS TO BHSF'S MULTI-DISCIPLINARY CARE THESE FACILITIES WILL PROVIDE A MULTITUDE OF SERV ICES RANGING FROM PHYSICIAN OFFICES, PHYSICAL THERAPY, ENDOSCOPIES, DIAGNOSTIC IMAGING, AN D URGENT CARE SATELLITE SERVICES PROVIDED BY BHSF'S CENTERS OF EXCELLENCE WILL ALSO BE IN CLUDED A 65,000-SQUARE-FOOT FACILITY OPENED IN MIAMI BEACH IN 2018 AND A LARGER FACILITY OF APPROXIMATELY 100,000 SQUARE FEET IS CURRENTLY BEING PLANNED FOR CENTRAL BROWARD COUNTY CENTER OF EXCELLENCE IN NURSING INITIALLY DEVELOPED AT BAPTIST HOSPITAL IN 1988 BY NURSE S WHO WANTED TO ENCOURAGE AND RECOGNIZE INNOVATIVE PATIENT CARE, THE PROGRAM TODAY HAS EXP ANDED TO BECOME THE BAPTIST HEALTH CENTER OF EXCELLENCE IN NURSING, COVERING ALL BAPTIST H EALTH HOSPITALS AND FACILITIES THE BAPTIST HEALTH SOUTH FLORIDA SCHOLARS PROGRAM PROVIDES QUALITY NURSING EDUCATION THROUGH PARTNERSHIPS WITH INSTITUTIONS OF HIGHER LEARNING THE SCHOLARS PROGRAM SUPPORTS EXCELLENCE IN NURSING BY INVESTING IN THE EDUCATION OF OUR NURSI NG WORKFORCE TO DATE, OVER 3,600 STUDENTS HAVE ENROLLED IN THE PROGRAM THE CENTER FOR EX CELLENCE IN NURSING HAS TARGETED FOUR SPECIFIC PROGRAMS THAT ARE IN MOST NEED OF FUNDS TH ESE INCLUDE NURSING EDUCATION, SCHOLARSHIPS AND RETENTION, TECHNOLOGY AND HOSPITAL-SPECIFI C NEEDS SLEEP DISORDERS PEOPLE WITH SLEEP DISORDERS CAN UNDERGO DIAGNOSTIC TESTING AT THE SLEEP DIAGNOSTIC CENTERS AT BAPTIST, SOUTH MIAMI, HOMESTEAD AND MARINERS HOSPITALS OUR F REE-STANDING OUTPATIENT SLEEP CENTERS INCLUDE BAPTIST SLEEP CENTER AT GALLOWAY, 7400 SW 87 AVENUE, MIAMI, BAPTIST SLEEP CENTER AT SUNSET, 6141 SUNSET DRIVE, SOUTH MIAMI, AND BAPTIS T SLEEP CENTER AT PEMBROKE PINES, 7261 SHERIDAN STREET, HOLLYWOOD SPECIALISTS IN NEUROLOG Y, PULMONARY MEDICINE, PSYCHIATRY, UROLOGY AND POLYSOMNOGRAPHY (SLEEP STUDIES) WORK TOGETH ER TO DIAGNOSE AND TREAT SLEEP DISORDERS SUCH AS SLEEP APNEA, INSOMNIA, PERIODIC LEG MOVEM ENT SYNDROME AND NARCOLEPSY BAPTIST OUTPATIENT SERVICES OPERATES TWENTY-ONE DIAGNOSTIC IM AGING CENTERS WHICH PROVIDE OUTPATIENT CLINICAL AND IMAGING AND DIAGNOSTIC TESTING SERVICE S THROUGHOUT MIAMI-DADE AND BROWARD COUNTIES DURING FISCAL YEAR 2018, MORE THAN 323,262 P ATIENTS WERE TREATED FOR MINOR INJURIES AND ILLNESSES AT ONE OF OUR SEVENTEEN URGENT CARE CENTERS LOCATED THROUGHOUT THE TWO COUNTIES IN ADDITION TO URGENT CARE AND DIAGNOSTIC IMA GING SERVICES, SELECT BAPTIST HEALTH MEDICAL PLAZAS PROVIDE COMMUNITY PROGRAMS, HEALTH INF ORMATION AND SUPPORT GROUPS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM CONTINUED	CONTINUING MEDICAL EDUCATION BAPTIST HEALTH SOUTH FLORIDA'S CONTINUING MEDICAL EDUCATION PROGRAM PROVIDED MORE THAN 1,600 HOURS OF CONTINUING MEDICAL EDUCATION ("CME") PROGRAM PROVIDED SYMPOSIUMS THAT TARGETED REGIONAL, NATIONAL AND INTERNATIONAL AUDIENCES MORE THAN 38,000 HEALTHCARE PROFESSIONALS ATTENDED MORE THAN 400 COURSES AND EARNED ALMOST 90,000 CME CREDITS BAPTIST HEALTH'S CONTINUING MEDICAL EDUCATION PROGRAM HAS BEEN AWARDED ACCREDITATION WITH COMMENDATION BY THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION THIS EXEMPLARY STATUS, ACHIEVED BY ONLY 17% OF ACCREDITED ORGANIZATIONS, REQUIRES THE CONTINUING MEDICAL EDUCATION PROVIDER TO DEMONSTRATE COMPLIANCE WITH 100% OF THE ACCREDITATION CRITERIA POSITIONING BAPTIST HEALTHS'S CONTINUING MEDICAL EDUCATION PROGRAM AS A STRATEGIC PARTNER IN NATIONAL INITIATIVES TO IMPROVE THE QUALITY AND SAFETY OF PATIENT CARE HEALTH AND WELLNESS EVERY YEAR THOUSANDS OF RESIDENTS FROM MIAMI-DADE, BROWARD AND MONROE COUNTIES, AS WELL AS BAPTIST HEALTH EMPLOYEES ATTEND HEALTH-RELATED PROGRAMS SPONSORED BY BAPTIST HEALTH, THROUGHOUT ITS MULTIPLE LOCATIONS TOPICS FOCUS ON HEALTHY LIFESTYLES, DISEASE PREVENTION, COPING WITH CHRONIC ILLNESS, STRESS MANAGEMENT, DIABETES, CHILDBIRTH AND INFANT CARE, SMOKING CESSATION, DIET, EXERCISE, CANCER AND MORE COMMUNITY OUTREACH IN ADDITION TO THE SERVICES DESCRIBED ABOVE, BAPTIST HEALTH SOUTH FLORIDA PROVIDES FINANCIAL AND OTHER SUPPORT TO HELP UNDERWRITE THE OPERATING EXPENSES OF SEVERAL NEIGHBORHOOD CLINICS THE OPEN DOOR HEALTH CENTER (PART OF COMMUNITY HEALTH OF SOUTH DADE) IN HOMESTEAD, THE GOOD NEWS CARE CENTER IN FLORIDA CITY, THE GOOD HEALTH CLINIC IN TAVERNIER, AND THE SOUTH MIAMI CHILDREN'S CLINIC IN SOUTH MIAMI CLINIC PATIENTS REQUIRING HOSPITALIZATION OR OUTPATIENT SERVICES NOT AVAILABLE AT THE CLINICS ARE OFTEN TREATED AT BAPTIST HEALTH FACILITIES UNDER THE HEALTH SYSTEM'S CHARITY PROGRAM

990 Schedule H, Supplemental Information

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 94,262 PATIENTS WERE SEEN IN THE EMERGENCY DEPARTMENT DURING FISCAL YEAR 2017 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 1,396 BABIES WERE DELIVERED AT THE FAMILY-CENTERED MATERNITY UNIT AT HOMESTEAD HOSPITAL IN FISCAL YEAR 2017 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 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	HOMESTEAD HOSPITAL INC 975 BAPTIST WAY HOMESTEAD, FL 33033 WWW BAPTISTHEALTH NET FL LICENSE #4486	X	X					X			

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
HOMESTEAD HOSPITAL INC	PART V, SECTION B, LINE 5 HOMESTEAD HOSPITAL WORKED WITH SISTER HOSPITALS WITHIN THE BAPT IST HEALTH SYSTEM TO CREATE A COMPLETE PICTURE OF THE COMMUNITY'S HEALTH AND HEALTHCARE NE EDS A STEERING COMMITTEE, WHICH HAS MEMBERS WITH EXTENSIVE EXPERIENCE IN ASSESSING HEALTH CARE NEEDS, WORKED WITH HOSPITAL REPRESENTATIVES TO CREATE ITS FISCAL YEAR 2016 CHNA REPOR T, WHICH IS BASED ON THE LATEST GOVERNMENT AND PUBLIC STATISTICS, RESULTS OF FOCUS GROUPS AND HOSPITAL DATA SUCH REPORTS HELPED HOMESTEAD HOSPITAL GUIDE THEIR EFFORTS TO IMPROVE C OMMUNITY HEALTH AND QUALITY OF LIFE THE IN-DEPTH LOOK AT THE COMMUNITY HELPED TO PINPOINT AND ADDRESS HOMESTEAD HOSPITAL'S PATIENTS' HEALTH NEEDS HOMESTEAD HOSPITAL EXAMINED HEAL TH DATA FOR MIAMI-DADE COUNTY COMPARED WITH PEER COUNTIES ACROSS THE U S , BASED ON THE CO MMUNITY HEALTH STATUS INDICATORS DATABASE OF THE CDC, 2015 HOMESTEAD HOSPITAL ALSO SOUGHT INPUT FROM PEOPLE WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY, INCLUDING PUBLIC HE ALTH, EDUCATION, AND CHILD WELFARE AND AGING EXPERTS HOMESTEAD HOSPITAL TOOK THE FOLLOWIN G STEPS TO DETERMINE AND PRIORITIZE HOMESTEAD HOSPITAL'S COMMUNITY HEALTH NEEDS * HELD TH REE FOCUS GROUPS MADE UP OF BAPTIST HEALTH LEADERS, HOMESTEAD HOSPITAL LEADERS, RESIDENTS, CONSUMERS AND A BROAD CROSS-SECTION OF HEALTH EXPERTS AND ADVOCATES PARTICIPANTS WERE BR IEFED ON AND QUESTIONED ABOUT LEADING HEALTH ISSUES AND INVITED TO RATE HEALTH PRIORITIES * CREATED A COMMUNITY HEALTH PROFILE BY REVIEWING DATA SUCH AS BIRTH INDICATORS, CAUSES O F DEATH, ACCESS TO CARE, CHRONIC DISEASE, COMMUNICABLE DISEASE, HEALTH BEHAVIORS AND SOCIA L ISSUES * EVALUATED "PRIMARY HEALTH INDICATORS" AVAILABLE BY COUNTY * SUMMARIZED THE PR OGRAMS AND SERVICES THAT HOMESTEAD HOSPITAL OFFERS AND MAPPED HEALTHCARE FACILITIES AND AS SETS IN THEIR PATIENT SERVICE AREA FOCUS GROUPS LISTENING TO THE PATIENTS, COMMUNITY AND THE EXPERTS - IN THE FALL OF 2015 AND WINTER OF 2016, HOMESTEAD HOSPITAL CONDUCTED THREE F OCUS GROUPS IN ORDER TO GAUGE GENUINE PERCEPTIONS ABOUT THEIR ROLE IN THE COMMUNITY AND TO COLLECT UNVARNISHED INFORMATION ABOUT HEALTHCARE NEEDS AND ISSUES FROM DIVERSE RESIDENTS, CONSUMERS, EXPERTS AND ADVOCATES WHO ARE FAMILIAR WITH AND COULD REPRESENT ALL SEGMENTS O F THE COMMUNITY BAPTIST HEALTH LEADERS AND HOMESTEAD HOSPITAL EXECUTIVES MADE UP THE INTE RNAL FOCUS GROUP THE TWO EXTERNAL FOCUS GROUPS FEATURED COMMUNITY HEALTH AND BUSINESS LEA DERS AND LOCAL HEALTHCARE CONSUMERS AND RESIDENTS HEALTH EXPERTS AND LEADERS WHO PARTICIP ATED REPRESENTED A DIVERSE SPECTRUM OF THE COUNTY HOMESTEAD HOSPITAL HAD LEADERS WHO REPR ESENT THE PUBLIC, EITHER BY APPOINTMENT OF ELECTED OFFICIALS OR DIRECTLY FROM ELECTED OFFI CIALS LEADERS FROM BOTH FAITH-BASED AND SECULAR ORGANIZATIONS WERE REPRESENTED REPRESENT ATIVES FROM HIGHER EDUCATION AND LOCAL PUBLIC SCHOOLS PARTICIPATED, AS DID MANY PRIVATE-SE CTOR LEADERS ADVOCATES FOR CHILDREN, THE ELDERLY AND THE DISABLED JOINED LOCAL LEADERS FO R DENTAL HEALTH, MENTAL HEALTH

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
HOMESTEAD HOSPITAL INC	AND POPULATION HEALTH THE SOUTH MIAMI-DADE RESIDENTS WHO PARTICIPATED IN THE HEALTHCARE CONSUMERS' FOCUS GROUP WERE FORMER PATIENTS OF BAPTIST HEALTH WILLING TO DISCUSS THEIR EXP ERIENCES AND SHARE THEIR VIEWS ABOUT WHAT THEY SEE AS THEIR NEIGHBORHOODS' MORE PRESSING H EALTHCARE NEEDS STRATEGIC PLANNING OF BAPTIST HEALTH SOUTH FLORIDA, A DEPARTMENT WHOSE LE ADERSHIP TEAM HAS SIGNIFICANT EXPERIENCE IN WORKING WITH ALL STAKEHOLDERS, FACILITATED ALL FOCUS GROUPS THE CHSI MODEL WAS USED IN ALL FOCUS GROUPS LEADERSHIP FOCUS GROUPS - THE STRATEGIC PLANNING STAFF OPENED THE BAPTIST HEALTH AND COMMUNITY LEADER FOCUS GROUPS WITH A PRESENTATION ON KEY HEALTH INDICATORS FOR MIAMI-DADE COUNTY, COMPARING THEM TO BOTH STAT EWIDE AND NATIONAL INDICATORS WHERE APPROPRIATE AND AVAILABLE, DISEASE-SPECIFIC INFORMATI ON WAS BROKEN DOWN TO THE ZIP CODE LEVEL HOSPITAL AND COMMUNITY HEALTH LEADERS WERE ASKED TO RANK THE TOP FIVE COMMUNITY HEALTH PRIORITIES FROM A LIST OF NEEDS DEVELOPED BY A BAPT IST HEALTH STEERING COMMITTEE USING AN ANALYTICAL RANKING TOOL, THOSE INDIVIDUAL RANKINGS WERE WEIGHTED AND COMBINED TO CREATE GROUP PRIORITIES COMMUNITY NEEDS - THE HOSPITAL AND COMMUNITY LEADERSHIP FOCUS GROUPS CITED THE I-95 CORRIDOR AS HAVING THE GREATEST NEEDS IN MIAMI-DADE COUNTY THIS PART OF MIAMI-DADE IS OUTSIDE THE HOMESTEAD HOSPITAL SERVICE AREA SECOND TO THE "OVERWHELMING" NEEDS OF OVERTOWN, LITTLE HAITI, LIBERTY CITY AND OTHER I-95 CORRIDOR NEIGHBORHOODS ARE THE "ENORMOUS" NEEDS OF RESIDENTS IN THE SOUTHERN PART OF THE COUNTY HOMESTEAD AND FLORIDA CITY (ZIP CODES 33030, 33031, 33032, 33033, 33034 AND 33035) ARE PART OF THIS HIGH-NEEDS AREA SERVED BY HOMESTEAD HOSPITAL PARTICIPANTS FELT THAT THE MAJORITY OF THE CHRONIC CONDITIONS FACED BY THE POOR AND UNDERSERVED RESIDENTS OF THESE S OUTH DADE COMMUNITIES COULD BE PREVENTED WITH ADEQUATE ACCESS TO PROPER CARE, GOOD NUTRITI ON AND HEALTHIER LIFESTYLES THEY ALSO NOTED A LACK OF RESOURCES AVAILABLE TO PROPERLY MON ITOR AND PREVENT THESE PATIENTS' CHRONIC ILLNESSES RECOGNIZED BARRIERS TO GOOD HEALTHCARE INCLUDE LACK OF INSURANCE AND UNDERINSURANCE, MISTRUST OF THE MEDICAL SYSTEM AND THE LEGA L STATUS OF IMMIGRANTS SOUTH FLORIDA HAS PARTICULARLY HIGH RATES OF UNDOCUMENTED IMMIGRAN TS AND THE HEALTHCARE SYSTEM STRUGGLES TO PROVIDE CARE FOR THESE POPULATIONS IN SPITE OF THE AFFORDABLE CARE ACT, SIGNIFICANT NUMBERS OF MIAMI-DADE RESIDENTS WILL CONTINUE TO LACK ACCESS TO CARE OTHER FACTORS THAT HINDER ACCESS TO CARE INCLUDE A LACK OF PRIMARY CARE P ROVIDERS AND CERTAIN SPECIALTY CARE DOCTORS, SUCH AS ENDOCRINOLOGISTS, NEPHROLOGISTS AND C ARDIOLOGISTS OF THOSE AVAILABLE, MANY DO NOT ACCEPT MEDICAID LACK OF NIGHTTIME AND WEEKE ND OFFICE HOURS AMONG PRIMARY CARE PROVIDERS AND LACK OF TRANSPORTATION ARE TWO OTHER OBST ACLES FOR RESIDENTS WORKING IN NONTRADITIONAL LABOR OR SERVICE ECONOMY POSITIONS FOCUS GR OUP PARTICIPANTS ALSO NOTED THAT CULTURAL AND LINGUISTIC BARRIERS SOMETIMES WIDEN THE ACCE SS GAP BETWEEN MEDICAID RECIPI

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
HOMESTEAD HOSPITAL INC	ENTS AND THE FEW PROVIDERS WHO ACCEPT MEDICAID MANY SUCH PATIENTS OFTEN TRAVEL OUT OF THE IR NEIGHBORHOOD FOR CARE, BYPASSING LOCAL PROVIDERS WHO MAY NOT OFFER CARE IN A CULTURALLY SENSITIVE OR PATIENT-FRIENDLY MANNER MIAMI- DADE'S LIMITED PUBLIC TRANSPORTATION SYSTEM FURTHER IMPEDES THEIR ACCESS TO CARE THE LEADERSHIP FOCUS GROUPS AGREED THAT A MORE HOLIST IC MODEL OF PROVIDING HEALTHCARE WOULD BETTER MEET THE HEALTH NEEDS OF RESIDENTS UNDER TH E CURRENT ACUTE-CARE MODEL, MANY PEOPLE SEEK CARE ONLY DURING A HEALTH CRISIS AND OFTEN IN AN EMERGENCY ROOM IDEALLY, A HOLISTIC MODEL WOULD CREATE A NETWORK OF PRIMARY CARE PROVI DERS TO OVERSEE AND COORDINATE CARE WITH SPECIALISTS AND COMMUNITY ORGANIZATIONS THAT SUPP ORT THE HEALTH OF RESIDENTS INTEGRATED HEALTH EDUCATION AND DENTAL AND MENTAL HEALTH SERV ICES WOULD BE PART OF THE HOLISTIC MODEL WHILE PARTICIPANTS SAID THAT BAPTIST HEALTH'S LA RGE SIZE CAN HINDER CONNECTIONS WITH SMALLER, COMMUNITY-BASED ORGANIZATIONS, ITS HIGH LEVE L OF RESPECT IN THE COMMUNITY CAN HELP REDUCE THESE BARRIERS FOCUS GROUP EXPERTS SUGGESTE D THAT BETTER CARE COORDINATION WOULD ENHANCE HOSPITAL DISCHARGE PLANNING (INCLUDING MEDIC ATIONS), PARTICULARLY FOR ELDERLY PATIENTS, MENTALLY ILL PATIENTS AND CHILDREN IN NEED OF FREE CARE FOR RESIDENTS COVERED BY MEDICARE, CARE COORDINATION ALSO IS IMPORTANT TO AVOID PAYMENT PENALTIES FOR READMITTED PATIENTS STRENGTHENING THE ROLE OF SOCIAL WORKERS, WHO ARE PIVOTAL IN THE CONTINUITY OF CARE, WOULD ALLOW FOR SAFER HOSPITAL DISCHARGES AND ENSUR E FOLLOW-UP VISITS BY A CAREGIVER THE LEADERSHIP FOCUS GROUPS ALSO AGREED THAT, IN LIGHT OF THE AREA'S MANY UNINSURED AND UNDERINSURED RESIDENTS, HOMESTEAD HOSPITAL SHOULD CONTINU E ITS FINANCIAL ASSISTANCE PROGRAMS FOR HOSPITAL BILL PAYMENT PARTICIPANTS COMMENDED BAPT IST HEALTH FOR SUPPORTING LOCAL HEALTH CLINICS, WHICH PROVIDE CARE TO POOR AND UNDERSERVED POPULATIONS, AND ENCOURAGED HOSPITAL LEADERS TO WORK WITH LOCAL POLITICIANS AND INFLUENTI AL CIVIC LEADERS TO CHAMPION HEALTHCARE ISSUES

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
PART V, SECTION B, LINE 5 CONTINUED	CONSUMER FOCUS GROUP - PARTICIPANTS IN THE CONSUMER FOCUS GROUP WERE ASKED TO CREATE A LIST OF THE MOST CRITICAL NEEDS IN THE HOMESTEAD HOSPITAL SERVICE AREA AND TO DISCUSS HOW THEY CHOOSE THEIR HEALTHCARE PROVIDERS AMONG THEIR MAJOR CONCERNS WAS ACCESS TO CARE FOR THE UNINSURED, UNDERINSURED AND THE SELF-EMPLOYED, AS WELL AS THE AFFORDABILITY (OR LACK THEREOF) OF HEALTHCARE AND HEALTH INSURANCE OPTIONS ACCESS TO CARE IS AN ISSUE FOR SMALL-BUSINESS OWNERS AS WELL AS THEIR EMPLOYEES TRANSPORTATION TO HOMESTEAD HOSPITAL WAS NOTED AS AN OBSTACLE FOR MANY, BECAUSE THE COMMUNITY TROLLEY DOES NOT RUN ON TIME AND THE PUBLIC BUS DOES NOT STOP CLOSE ENOUGH TO THE HOSPITAL ENTRANCE PARTICIPANTS EXPRESSED FRUSTRATION THAT MANY PRIMARY CARE PROVIDERS DON'T ACCEPT NEW PATIENTS OR MEDICAID FEW RESIDENTS, THEY SAID, HAVE A PRIMARY CARE PROVIDER WHO ACTS AS THEIR MEDICAL HOME THIS PROBLEM WAS ATTRIBUTED TO A LACK OF HEALTH INSURANCE OR LACK OF ACCESS TO QUALITY AND AFFORDABLE HEALTHCARE CONSUMERS REPORTED VISITING THE EMERGENCY ROOM FOR PRIMARY CARE, EVEN AS THEY RECOGNIZED THE NEED FOR EARLY INTERVENTION TO PREVENT HEALTH ISSUES FROM REACHING A CRISIS SOME CONSUMERS REPORTED LONG WAIT TIMES AT HOMESTEAD HOSPITAL'S EMERGENCY DEPARTMENT IN ADDITION TO WAIT TIMES, OTHER CONCERNS WITH USING THE EMERGENCY ROOM FOR PRIMARY CARE CENTERED ON THE ASSOCIATED COSTS, SUCH AS CO-PAYS AND FEES, AND A LACK OF OPTIONS FOR SERVICES NOT COVERED BY INSURANCE CONSUMERS NOTED THAT ALTHOUGH SUBSTANCE ABUSE AND MENTAL HEALTH ARE WIDELY RECOGNIZED COMMUNITY ISSUES, THERE IS LITTLE TO NO SUPPORT FOR RESIDENTS WHO NEED THESE SERVICES CONSUMERS REPORTED THAT THEY LARGELY CHOOSE THEIR HEALTHCARE PROVIDERS AND HOSPITALS BASED ON THEIR REPUTATION, AS WELL AS THEIR OWN EXPERIENCES QUALITY OF CARE IS ANOTHER KEY FACTOR IN THEIR CHOICE THEY WOULD BYPASS THE NEAREST HOSPITAL IF A TRUSTED PROVIDER WERE AVAILABLE AT A DIFFERENT FACILITY THIS FLEXIBILITY IS SOMETIMES LOST IF 911 IS CALLED OR AN AMBULANCE SERVICE TRANSPORTS THE PATIENT TO THE CLOSEST HOSPITAL PARTICIPANTS GAVE A POSITIVE NOD TO BAPTIST HEALTH'S EXTENSIVE NETWORK OF HOSPITALS AND URGENT CARE CENTERS BAPTIST HEALTH'S CHARITABLE CARE PROGRAMS, INCLUDING PASTORAL CARE FOR THE ELDERLY, WAS ANOTHER ATTRACTIVE FEATURE CITED BY THE CONSUMER FOCUS GROUP THE SPEED OF HEALTHCARE SERVICE IS IMPORTANT, AS WELL AS THE LEVEL OF EMPATHY OFFERED BY HOSPITAL STAFF AND VOLUNTEERS THE CONSUMER FOCUS GROUP PARTICIPANTS EXPRESSED SATISFACTION WITH THE LEVEL OF SERVICE AND COMFORTING CARE AT HOMESTEAD HOSPITAL AND ACROSS BAPTIST HEALTH THEY ALSO NOTED AN EXCELLENT ARRAY OF CHOICES AT THE HOMESTEAD HOSPITAL CAFETERIA AND GIFT SHOP, AND COMMENDED THE USE OF PET THERAPY FOR YOUNG AND ELDERLY PATIENTS, AS WELL AS PASTORAL CARE COUNSELING THEY ALSO EXPRESSED POSITIVE EXPERIENCES WITH AND HIGH REGARD FOR HOMESTEAD'S IMAGING AND PHYSICAL THERAPY SERVICES

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
PART V, SECTION B, LINE 3I	THE ORGANIZATION'S CHNA AND IMPLEMENTATION PLAN WERE ADOPTED DURING FISCAL YEAR 2016 PRIOR TO THE EFFECTIVE DATE OF THE FINAL IRS REGULATIONS

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
PART V, SECTION B, LINE 7A	THE CHNA REPORT IS MADE WIDELY AVAILABLE ON THE HOSPITAL FACILITY'S WEBSITE HTTPS //BAPTISTHEALTH NET/EN/ABOUT-BAPTIST-HEALTH/PAGES/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS ASPX

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
PART V, SECTION B, LINE 10A	THE MOST RECENTLY ADOPTED IMPLEMENTATION STRATEGY IS MADE WIDELY AVAILABLE ON THE HOSPITAL FACILITY'S WEBSITE HTTPS //BAPTISTHEALTH NET/EN/ABOUT-BAPTIST-HEALTH/PAGES/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS ASPX

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
PART V, SECTION B, LINE 11	HOMESTEAD HOSPITAL CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT DURING TAX YEAR 2015 TO B ETTER UNDERSTAND THE HEALTHCARE NEEDS OF THE COMMUNITY IT SERVES IN MIAMI DADE COUNTY IT IDENTIFIED THE FOLLOWING SIX PRIORITY AREAS AS A RESULT OF ITS ASSESSMENT * ACCESS TO CARE * CHRONIC DISEASE MANAGEMENT* AVAILABILITY OF PRIMARY CARE AND PREVENTATIVE CARE* BARRIERS TO ACCESSING CARE * MENTAL HEALTH AND SUBSTANCE ABUSE* SOCIOECONOMIC CHALLENGESTHE WRITTE N IMPLEMENTATION PLAN ADDRESSES EACH OF THE SIX PRIORITY AREAS ABOVE SPECIFIC IMPLEMENTAT ION STRATEGIES ARE ORGANIZED AROUND EACH PRIORITY AREA ACCESS TO CARE COMMUNITY CLINICS FO R THE UNDERINSURED AND UNINSURED - BAPTIST HEALTH SOUTH FLORIDA DIRECTLY FUNDS THE OPERATI ONS OF LOCAL COMMUNITY CLINICS THAT PROVIDE HEALTHCARE TO UNINSURED AND UNDERINSURED MEMBE RS OF THE SOUTH FLORIDA COMMUNITY BAPTIST HEALTH FUNDS FIVE CLINICS THE GOOD HEALTH CLIN IC, GOOD NEWS CARE CENTER, OPEN DOOR HEALTH CENTER AND SOUTH MIAMI CHILDREN'S CLINIC, AND CARING FOR MIAMI PROJECT SMILES IN SOME INSTANCES, BAPTIST HEALTH'S CONTRIBUTION AMOUNTS TO MORE THAN HALF OF THE OPERATIONAL BUDGET FOR THESE CLINICS DURING FISCAL YEAR 2018, BA PTIST HEALTH'S COMBINED CONTRIBUTION EXCEEDED $2 3 MILLION, ENABLING THESE CLINICS TO CARE FOR PATIENTS IN MORE THAN 19,500 VISITS THESE EXISTING COMMUNITY CLINICS HAVE GREATER NE EDS BEYOND FUNDING THEIR CONTINUING OPERATIONS THEY NEED PARTNERS TO DONATE MEDICAL SUPPL IES AND PHARMACEUTICALS AND TO PROVIDE FOLLOW-UP SERVICES, SUCH AS ADVANCED DIAGNOSTIC TES TING AND SURGERY, TO TREAT PATIENTS' CONDITIONS AND PREVENT THEM FROM WORSENING BAPTIST H EALTH ALSO DONATED OVER $622,000 WORTH OF PHARMACEUTICALS TO THE COMMUNITY CLINICS DURING FISCAL YEAR 2018, CLINIC PATIENTS SOUGHT AND RECEIVED FOLLOW-UP AND DIAGNOSTIC CARE AT TH E URBAN FOUR HOSPITALS OF BAPTIST HEALTH SOUTH FLORIDA (BAPTIST HOSPITAL OF MIAMI, DOCTORS HOSPITAL, SOUTH MIAMI HOSPITAL AND WEST KENDALL BAPTIST HOSPITAL) MORE THAN 10,300 TIMES THE COST OF THIS FREE CARE AMOUNTED TO OVER $7 4 MILLION BAPTIST HEALTH'S PARTNERSHIPS W ITH THE FREE COMMUNITY CLINICS GO BEYOND FUNDING THEY CONVENE REGULAR MEETINGS TO SHARE I NFORMATION AND DEVELOP INNOVATIVE APPROACHES FOR CARING FOR THE UNINSURED ESPECIALLY TO HE LP ADDRESS THE MANY CHALLENGES AND SOCIOECONOMIC ISSUES THAT ARE SO PREVALENT IN THIS POPU LATION FOR EXAMPLE, THE FREE CLINICS IN HOMESTEAD REFER PATIENTS TO HOMESTEAD HOSPITAL'S FRESH HARVEST RX PROGRAM FOR NUTRITION EDUCATION AND COOKING DEMONSTRATIONS PROVIDED BY TH EIR DIABETES NURSE EDUCATORS, THEIR GROW2HEAL PROGRAM AND THE UNIVERSITY OF FLORIDA'S FOOD NUTRITION PROGRAM SUPPORT PROVIDERS IN CARING FOR THE UNINSURED - HOMESTEAD HOSPITAL SUP PORTS THE CARE OF THE UNINSURED IN TWO WAYS FREE HOSPITAL CARE TO INDIVIDUALS QUALIFYING UNDER THE BAPTIST HEALTH CHARITY CARE POLICY AND DIRECT PAYMENTS TO COMMUNITY PHYSICIANS T O TREAT THESE PATIENTS AT THE HOSPITALS BAPTIST HEALTH'S CHARITY CARE PROGRAM HAS BEEN AN INTEGRAL PART OF FULFILLING T

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
PART V, SECTION B, LINE 11	HEIR MISSION TO CARE FOR THOSE LESS FORTUNATE THROUGHOUT THEIR HISTORY BAPTIST HEALTH HAS INCREASED ITS EFFORT TO PROVIDE FREE CARE TO THOSE WHO NEED IT AND RAISED PUBLIC AWARENES S OF THE ASSISTANCE THROUGH COMMUNITY OUTREACH AND EDUCATIONAL INFORMATION GIVEN TO PATIEN TS THE PROGRAM PROVIDES FREE CARE TO INDIVIDUALS AND FAMILIES WITH INCOMES UP TO 300 PERC ENT OF THE FEDERAL POVERTY LEVEL IN FISCAL YEAR 2018, MORE THAN 9,000 PATIENTS FROM THE U RBAN FOUR HOSPITALS RECEIVED CHARITY CARE AT A COST OF MORE THAN $56 MILLION IN ADDITION, HOMESTEAD HOSPITAL ENCOURAGES ITS AFFILIATED PHYSICIANS TO CARE FOR UNINSURED PATIENTS IN THE HOSPITAL AND IN THEIR OFFICES ON A TIMELY BASIS BY PROVIDING DIRECT SUBSIDIES TO THEM DURING FISCAL YEAR 2018, BAPTIST HEALTH PAID MORE THAN $1 3 MILLION FOR OUTPATIENT DIALY SIS ENROLLMENT ASSISTANCE - HEALTHCARE COVERAGE EDUCATION AND ASSISTANCE - BAPTIST HEALTH BELIEVES THAT ALL MEMBERS OF THE COMMUNITY SHOULD HAVE A MEDICAL HOME WITH A SECURE RELATI ONSHIP WITH A TRUSTED PRIMARY CARE PHYSICIAN A LONG-STANDING BARRIER TO THIS OBJECTIVE HA S BEEN THE RATES OF UNDERINSURED AND UNINSURED RESIDENTS IN SOUTH FLORIDA BAPTIST HEALTH PLANS TO CONTINUE THEIR EFFORTS TO EDUCATE PATIENTS ABOUT THE IMPORTANCE OF PRIMARY AND PR EVENTIVE CARE, AND HEALTH INSURANCE COVERAGE BAPTIST HEALTH'S HEALTHCARE COVERAGE EDUCATI ON AND ASSISTANCE PROGRAM WILL INCLUDE INFORMATION ON AVAILABLE COVERAGE OPTIONS, SUCH AS GOVERNMENT PROGRAMS AND COMMERCIAL HEALTH INSURANCE THROUGH TRADITIONAL MEANS AND THE HEAL TH INSURANCE MARKETPLACE AND LINKS TO IN-PERSON ENROLLMENT ASSISTANCE FOR FEDERAL AND STAT E PROGRAMS BAPTIST HEALTH UNDERSTANDS THAT EDUCATION AND APPLICATION ASSISTANCE ALONE ARE NOT ENOUGH TO ENSURE ACCESS TO TIMELY CARE INSURANCE PREMIUMS NOT COVERED BY GOVERNMENT SUBSIDIES, HIGH DEDUCTIBLES, CO-PAYMENTS AND COINSURANCE ARE OFTEN FINANCIAL BARRIERS TO T IMELY CARE TO PREVENT MINOR HEALTH ISSUES FROM ESCALATING INTO ACUTE EPISODES THAT REQUIR E EXPENSIVE EMERGENCY AND INPATIENT CARE, THE ORGANIZATION IS COMMITTED TO IDENTIFYING INN OVATIVE WAYS TO REMOVE THESE BARRIERS FOR PATIENTS TO ACCESS TIMELY PRIMARY CARE FIU NEIGH BORHOOD HELP - FLORIDA INTERNATIONAL UNIVERSITY'S HERBERT WERTHEIM COLLEGE OF MEDICINE HAS DEVELOPED A PROGRAM TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH THIS PROGRAM PAIRS INTE RDISCIPLINARY TEAMS OF HEALTH STUDENTS - MEDICAL AND NURSING - WITH FAMILIES IN A LOW-SOCI OECONOMIC AREA THE TEAMS REGULARLY VISIT THESE FAMILIES, MAKE COMPREHENSIVE ASSESSMENTS, PROVIDE BASIC CARE AND DEVISE TREATMENT PLANS PART OF THIS CARE IS ALSO PROVIDED THROUGH A MOBILE HEALTH CLINIC THIS SUPPORT IS COORDINATED WITH THE FAMILIES' REGULAR MEDICAL CAR E PROVIDERS NEIGHBORHOODHELP WILL BE EXPANDING TO THE HOMESTEAD AREA TO INCREASE ACCESS T O FREE PRIMARY CARE FOR AN ADDITIONAL COMMUNITY IN NEED DURING FY2018, THE HEALTH CLINIC PROVIDED CARE TO MORE THAN 350 PATIENTS DAY OF SMILES PROGRAM - IN SUPPORT OF PEDIATRIC UN INSURED PATIENTS, BAPTIST CHIL

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
PART V, SECTION B, LINE 11	DREN'S HOSPITAL AND ITS AFFILIATED PHYSICIANS DONATE SERVICES TO PERFORM CORRECTIVE FACIAL SURGERIES AND OTHER RECONSTRUCTIVE PROCEDURES TO SOUTH FLORIDA CHILDREN AT NO COST FOR FA MILIES UNABLE TO PAY SURGERIES INCLUDE CORRECTION OF CLEFT PALATES, CLEFT LIPS, SCARS, TU MORS, BURNS, PORT WINE BIRTHMARKS AND CONGENITAL HAND DEFORMITIES DOCTORS FROM VARIOUS SP ECIALTIES, INCLUDING PLASTIC SURGERY, ANESTHESIOLOGY AND ORAL SURGERY, DONATE THEIR TIME A ND EXPERTISE FOR THIS CAUSE CHRONIC DISEASE MANAGEMENT COMMUNITY OFFERINGS EXERCISE, NUTR ITION AND WEIGHT MANAGEMENT - BAPTIST HEALTH PROMOTES HEALTH AND WELLNESS BY SENDING DIETI TIANS AND OTHER HEALTHCARE PROFESSIONALS INTO THE COMMUNITY TO PROMOTE HEALTHY EATING AND HOLDING REGULAR FREE EXERCISE CLASSES THAT ARE OPEN TO THE COMMUNITY BAPTIST HEALTH DEDIC ATES ONE REGISTERED DIETITIAN THROUGH COMMUNITY HEALTH TO TRAVEL THROUGHOUT THE COMMUNITY AND EDUCATE RESIDENTS ON HEALTHY EATING THROUGH PROGRAMS SUCH AS "UNDERSTANDING NUTRITION FACTS LABELS AND "HEALTHY EATING 101," THE DIETITIAN INSTRUCTS COMMUNITY MEMBERS ON THE P RINCIPLES OF GOOD NUTRITION

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
PART V, SECTION B, LINE 11 CONTINUED	COMMUNITY SCREENINGS AND HEALTH FAIRS - BAPTIST HEALTH HAS GYMS AT EACH HOSPITAL AND ENCOU RAGES REGULAR USE BY EMPLOYEES IT ALSO EMPLOYS CERTIFIED FITNESS INSTRUCTORS TO HOLD MONT HLY FREE EXERCISE CLASSES IN THE COMMUNITY THROUGH COMMUNITY HEALTH, IT OFFERS MONTHLY YO GA, ZUMBA, AEROBICS, TAI CHI, PILATES AND WALKING GROUPS CERTIFIED BAPTIST HEALTH FITNESS INSTRUCTORS HOLD FREE TOTAL BODY CONDITIONING CLASSES AT THE HOMESTEAD HOSPITAL CAMPUS T HE HOMESTEAD COMMUNITY IS ALSO ENCOURAGED TO PARTICIPATE IN FREE EXERCISE CLASSES OFFERED BY BAPTIST HEALTH THROUGHOUT SOUTH FLORIDA MORE THAN 115 FREE EXERCISE CLASSES WERE HELD EVERY MONTH WITHIN THE COMMUNITY THAT SURROUNDS THE URBAN FOUR HOSPITALS, INCLUDING THE PO PULAR DADELAND MALL WALKING GROUP DURING FY2018, OVER 160,000 ATTENDEES PARTICIPATED IN F REE EXERCISE CLASSES HOMESTEAD HOSPITAL PROVIDES COMMUNITY HEALTH AND WELLNESS EDUCATIONAL PROGRAMS THROUGHOUT THE YEAR FEATURING PHYSICIAN SPEAKERS AND OTHER CLINICIANS, WITH SESS IONS FOCUSED ON DIABETES, HEART DISEASE AND MATERNAL AND CHILD HEALTH CONCERNS DURING FY2 018, COMMUNITY HEALTH CONDUCTED MORE THAN 35,000 HEALTH-SCREENING EVENTS FOR BAPTIST HEALT H BAPTIST HEALTH'S COMMUNITY HEALTH DEPARTMENT ORGANIZES AND STAFFS FREE HEALTH FAIRS, WHI CH INCLUDE SCREENINGS FOR CHOLESTEROL, BLOOD PRESSURE, GLUCOSE, BODY COMPOSITION AND OSTEO POROSIS THE SCREENINGS OCCUR BOTH ON THE HOSPITAL GROUNDS AND AT COMMUNITY-BASED PUBLIC E VENTS DURING THE EVENTS, SCREENING PARTICIPANTS ARE COUNSELED ABOUT THEIR RESULTS AND GIV EN INSTRUCTIONS AND EDUCATIONAL INFORMATION ON HOW TO PREVENT OR MANAGE THEIR RISK FOR CHR ONIC DISEASE COMMUNITY HEALTH CONDUCTED 13 SCREENING EVENTS FOR THE HOMESTEAD COMMUNITY MORE THAN 1,000 HEALTH SCREENINGS WERE PERFORMED AT EVENTS SUCH AS THE HOMESTEAD YMCA'S "H EALTHY KIDS DAY", MIAMI-DADE COLLEGE HOMESTEAD CAMPUS' "DAY OF THE YOUNG CHILD", AN ANNUAL "FARMWORKER HEALTH FAIR" IN COLLABORATION WITH THE MEXICAN AMERICAN COUNCIL, AND A SPECIA LIZED SCREENING FOR ELDERLY PATIENTS AT THE PALACE GARDENS CONVALESCENT CENTER DIABETES ED UCATION PROGRAM - A SIGNIFICANT PERCENT OF THE INPATIENT POPULATION AT HOMESTEAD HOSPITAL EITHER HAS DIABETES OR EXPERIENCES HYPERGLYCEMIA (HIGH BLOOD SUGAR) THAT REQUIRES MONITORI NG OR MANAGEMENT BAPTIST HEALTH PLANS TO FOCUS DIABETES EDUCATION ON THIS INPATIENT POPUL ATION IN ORDER TO REACH A CRITICAL MASS OF DIABETIC PATIENTS WITHIN ITS COMMUNITY IT WILL OFFER A MULTIFACETED APPROACH, BEGINNING WITH TEACHING "SURVIVAL SKILLS" (I E , INSULIN A DMINISTRATION TECHNIQUE, BLOOD GLUCOSE TESTING, BASIC NUTRITION AND WHEN TO CALL THE DOCTO R) HIGH-RISK PATIENTS WILL BE IDENTIFIED AND REFERRED TO OUTPATIENT EDUCATIONAL CLASSES A ND ONLINE SEMINARS AND WILL RECEIVE FOLLOW-UP PHONE CALLS FROM DIABETES EDUCATORS IN ADDI TION, BAPTIST HEALTH WILL OFFER FREQUENT INTERACTIVE CLASSES AT NO CHARGE TO DISCHARGED PA TIENTS AND THE GENERAL COMMUNITY ORGANIZED THROUGH COMMUNITY HEALTH BAPTIST HEALTH ALSO W ILL DEDICATE ADDITIONAL RESOUR

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
PART V, SECTION B, LINE 11 CONTINUED	CES TO ITS COMMUNITY HEALTH DEPARTMENT TO PROVIDE DIABETES EDUCATIONAL PROGRAMMING IN 201 7, BAPTIST HEALTH LAUNCHED THE DIABETES PREVENTION PROGRAM, AIMED AT INDIVIDUALS WITH PRE- DIABETES IN AN EFFORT TO EDUCATE AND ENCOURAGE BEHAVIORAL CHANGES, AND ULTIMATELY PREVENT DIABETES SUPPORT GROUPS - AN IMPORTANT PSYCHOSOCIAL COMPONENT OF MANAGING CHRONIC DISEASE IS TO HAVE SUPPORT GROUPS IN PLACE WHERE PEOPLE WITH SIMILAR DISEASES CAN GET TOGETHER AN D SHARE THE CHALLENGES THEY FACE LIVING WITH THEIR DISEASE THESE GROUPS ALSO CAN BECOME A SOURCE OF HOPE AND STRENGTH TO PARTICIPANTS AS THEY REALIZE THEY ARE NOT ALONE IN THEIR S UFFERING AND CAN SHARE STORIES ON HOW TO SUCCESSFULLY COPE WITH THEIR DISEASE IT ALSO CAN PLAY AN IMPORTANT ROLE IN EDUCATING THEM ON COMMUNITY RESOURCES THAT MAY BENEFIT THEM BA PTIST HEALTH ENCOURAGES AND PROMOTES SUPPORT GROUPS THROUGH ADVERTISING AND THE USE OF THE IR FACILITIES TO HOST THE GROUPS BAPTIST HEALTH HOSTS 55 SUPPORT GROUPS REGULARLY TO ADDR ESS CHRONIC DISEASES SUCH AS DIABETES, HEART DISEASE AND CANCER BAPTIST HEALTH HOSTS SUPP ORT GROUPS REGULARLY TO ADDRESS CHRONIC DISEASES SUCH AS DIABETES, HEART DISEASE, BEHAVIOR AL HEALTH AND CANCER THE GROUPS ARE COORDINATED AT THE CORPORATE LEVEL BY THE COMMUNITY H EALTH DEPARTMENT CANCER CARE - IN JANUARY 2017, BAPTIST HEALTH OPENED THE STATE-OF-THE-ART MIAMI CANCER INSTITUTE THE FACILITY INCLUDES CUTTING EDGE TECHNOLOGIES SUCH AS PROTON TH ERAPY AND INCORPORATES SUPPORTIVE CARE AND PREVENTATIVE SERVICES UNDER ONE ROOF TO MEET TH E NEEDS OF THE COMMUNITY IN FY2018, THE FIRST PROTON THERAPY PATIENTS WERE SEEN HIV/AIDS - FLORIDA LEADS THE NATION IN NEW HIV INFECTIONS, AND MIAMI-DADE WAS THE TOP COUNTY IN TH E U S FOR NEW HIV INFECTIONS IN 2014 PER 100,000 RESIDENTS, ACCORDING TO STATE AND FEDERA L DATA IN ORDER TO HELP INTERRUPT THIS EPIDEMIC, HOMESTEAD HOSPITAL EMBRACED THE STATE OF FLORIDA'S RECENT REVISION TO THEIR HIV TESTING STATUTES AND THE CDC'S TESTING RECOMMENDAT IONS BY IMPLEMENTING A ROUTINE HIV AND HEPATITIS C (HCV) SCREENING PROGRAM IN OUR EMERGENC Y DEPARTMENT (ED) PATIENTS PRESENTING TO THE ED IN NEED OF BLOOD WORK RECEIVE AN HIV AND HCV TEST UNLESS THEY DECLINE AVAILABILITY OF PRIMARY AND PREVENTIVE CARE INCREASE PRIMARY CARE PROVIDERS - FOR THE DEEP SOUTH DADE AREA, HOMESTEAD HOSPITAL WILL CONTINUE EXPLORING THE FEASIBILITY OF OPENING A STRATEGICALLY LOCATED, WALK-IN PRIMARY CARE CENTER TO POSITI VELY IMPACT THEIR PATIENT POPULATION'S UTILIZATION BEHAVIOR AND IMPROVE OVERALL COMMUNITY HEALTH SERVING AS A MEDICAL HOME, THE CENTER WILL BE A HIGH-QUALITY, LOW-COST OPTION FOR PRIMARY CARE OUTSIDE OF THE HOSPITAL'S EMERGENCY DEPARTMENT AS A RESULT, PATIENTS SEEKING PRIMARY CARE WILL HAVE GREATER ACCESS TO NEEDED SERVICES, AS WELL AS ENHANCED FOCUS ON PR EVENTION, EARLY IDENTIFICATION AND MANAGEMENT OF CHRONIC HEALTH PROBLEMS THIS IS ONE OF M ANY STRATEGIC INITIATIVES TO ENSURE THE COMMUNITY RECEIVES THE HIGHEST QUALITY CARE AT THE LOWEST POSSIBLE COST SUPPORT

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
PART V, SECTION B, LINE 11 CONTINUED	OF PRIMARY CARE PROVIDERS THROUGH CONTINUING MEDICAL EDUCATION ACTIVITIES - BAPTIST HEALTH PROVIDES CONTINUOUS MEDICAL EDUCATION IN SUPPORT OF ITS PRIMARY CARE PROVIDERS AND ALLIED HEALTH PROFESSIONALS THROUGH ITS ACCREDITED MEDICAL EDUCATION DEPARTMENT IN THE PAST YEA R, MORE THAN 400 EDUCATIONAL COURSES WERE HELD THIS BENEFITS THE COMMUNITY GREATLY BY KEE PING PHYSICIANS UP TO DATE ON APPROACHES TO PREVENTION, DIAGNOSIS AND TREATMENT IN THE PRI MARY CARE SETTING FLORIDA INTERNATIONAL UNIVERSITY - BAPTIST HEALTH HAS ENTERED INTO AN AF FILIATION AGREEMENT WITH HERBERT WERTHEIM COLLEGE OF MEDICINE TO HAVE THEIR HOSPITALS AND OUTPATIENT CENTERS SERVE AS TRAINING SITES FOR FLORIDA INTERNATIONAL UNIVERSITY MEDICAL ST UDENTS THESE STUDENTS BEGIN ROTATING DURING THEIR FIRST YEAR IN THEIR EMERGENCY DEPARTMEN TS AND ROTATE THROUGHOUT THEIR TRAINING IN A VARIETY OF OTHER SPECIALTIES BARRIERS TO ACCE SSING CARE PATIENT NAVIGATORS - HOMESTEAD HOSPITAL SUPPORTS AND COLLABORATES WITH LOCAL N OT-FOR-PROFIT ORGANIZATIONS THAT SERVE AS HEALTHCARE NAVIGATORS AND LIFE COACHES FOR PATIE NTS THESE ORGANIZATIONS WILL CONDUCT COMMUNITY OUTREACH TO PROMOTE THE APPROPRIATE USE OF MEDICAL SERVICES, ASSIST WITH TRADITIONAL AND INSURANCE MARKETPLACE ENROLLMENT EFFORTS AN D PROVIDE SUPPORT TO INDIVIDUALS OVERWHELMED WITH HEALTH-RELATED CHALLENGES AT HOMESTEAD HOSPITAL, THE HEALTHCARE NAVIGATORS ARE EMBEDDED IN THE EMERGENCY DEPARTMENT TO HELP INDIV IDUALS ENROLL IN HEALTH PLANS AND ADDRESS ANY SOCIAL DETERMINANTS OF HEALTH TRANSPORTATIO N - BAPTIST HEALTH WILL CONTINUE TO PROVIDE ALTERNATIVE PUBLIC AND PRIVATE TRANSPORTATION OPTIONS TO PATIENTS WHO NEED HELP WITH RIDES TO AND FROM HEALTHCARE APPOINTMENTS BAPTIST HEALTH WILL CONTINUE TO EXPLORE INNOVATIVE PARTNERSHIPS WITH RIDE-SHARING ORGANIZATIONS TO PROVIDE COST-EFFICIENT, TIMELY TRANSPORTATION OPTIONS THROUGHOUT THE SERVICE AREA MOBILE INITIATIVES - AN AFFILIATE OF HOMESTEAD HOSPIAL, BAPTIST OUTPATIENT SERVICES HAS LAUNCHED CARE ON DEMAND, A TELEHEALTH SERVICE OFFERING 24/7 ACCESS TO HEALTHCARE PROVIDERS EXTENDE D HOURS - IN ORDER TO BETTER MEET THE NEEDS OF A DIVERSE COMMUNITY, BAPTIST HEALTH MEDICAL GROUP PRIMARY CARE CENTERS WILL OFFER EXTENDED HOURS, INCLUDING EARLY MORNING, EVENING AN D WEEKEND HOURS, AS WILL BAPTIST HEALTH URGENT CARE CENTERS

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
PART V, SECTION B, LINE 11 CONTINUED	MENTAL AND SUBSTANCE ABUSE SUPPORT GROUPS - RECOGNIZING THE SUBSTANCE ABUSE TAKING PLACE IN THE COMMUNITY, BAPTIST HEALTH HOSTS REGULAR BEHAVIORAL HEALTH SUPPORT GROUPS BIPOLAR D ISORDER SUPPORT GROUPS, ALCOHOLICS ANONYMOUS, NARCOTICS ANONYMOUS AND DEPRESSION SUPPORT G ROUPS ARE EXAMPLES OF REGULARLY HELD MEETINGS AT BAPTIST HEALTH FACILITIES PARTNERSHIPS W ITH COMMUNITY PROVIDERS - BAPTIST HEALTH UNDERSTANDS THE IMPORTANT ROLE IT PLAYS IN THE LO CAL COMMUNITY, IT ASSUMES ITS RESPONSIBILITY AS A BACKBONE OF THE COMMUNITY BY ORGANIZING AND HOLDING QUARTERLY MEETINGS WITH OTHER COMMUNITY PROVIDERS TO INCREASE AWARENESS OF RES OURCES AVAILABLE TO PREVENT AND ASSIST WITH MENTAL HEALTH AND SUBSTANCE ABUSE CONCERNS BA PTIST HEALTH PLANS ON CONTINUING TO FACILITATE THIS INFORMATION EXCHANGE BETWEEN LOCAL PRO VIDERS AND EXISTING SUBSTANCE ABUSE ORGANIZATIONS BEHAVIORAL HEALTH SCREENING - ALL BAPTIS T HEALTH MEDICAL GROUP SITES OFFER DEPRESSION SCREENING AND REFERRAL SERVICES AT THEIR PRI MARY CARE LOCATIONS IN ADDITION, ALL BAPTIST HEALTH FACILITIES PROVIDING LABOR AND DELIVE RY SERVICES OFFER POST-PARTUM DEPRESSION SCREENING, EDUCATION AND REFERRAL FOR FOLLOW-UP C ARE BAPTIST HEALTH RECOGNIZES THE INCREASING STRAIN MENTAL HEALTH ISSUES CAN ADD TO HEALT HCARE IN GENERAL, AND ALL ENTITIES ARE COMMITTED TO STRENGTHENING EXISTING PARTNERSHIPS WI TH MENTAL HEALTH PROVIDERS IN THE COMMUNITY BAPTIST HEALTH OFFERS ABOUT 6 BEHAVIORAL HEAL TH SUPPORT GROUPS TO HELP THEIR PATIENTS CARE AND COUNSELING SERVICES - BAPTIST HEALTH'S P ASTORAL CARE DEPARTMENT PROVIDES FREE DEPRESSION SCREENING AND ANXIETY RESILIENCE EDUCATIO N TO THOSE IN NEED SOCIOECONOMIC CHALLENGES ELIGIBILITY SPECIALISTS - HOMESTEAD HOSPITAL OFFER A PROFESSIONAL SERVICE TO EVALUATE UNFUNDED PATIENTS' APPLICATIONS FOR GOVERNMENT A SSISTANCE (I E , MEDICARE AND MEDICAID) AND THEIR CHARITY PROGRAM BAPTIST HEALTH ALSO PRO VIDES ASSISTANCE WITH HEALTHCARE MARKETPLACE ENROLLMENT COMMUNITY GARDEN - HOMESTEAD HOSP ITAL DEMONSTRATED THAT THERE IS NO GREATER LOVING ACTION THAN TO FEED, NOURISH AND TEACH I TS COMMUNITY PREVENTIVE HEALTHCARE THROUGH NUTRITION HOMESTEAD HOSPITAL DEDICATED 10 ACRE S OF LAND ADJACENT TO THE HOSPITAL FOR A COMMUNITY GARDEN, GROW2HEAL THE GROW2HEAL GARDEN PROVIDES MANY IMPORTANT BENEFITS, INCLUDING SUSTAINABLE FOOD PRODUCTION, AN OPPORTUNITY T O EDUCATE INDIVIDUALS ON HEALTHY PRODUCE AND ITS IMPACT ON WELLNESS AND NUTRITION, AND ADD RESSES A COMMUNITY NEED THROUGH ORGANIC METHODS TAKING INTO CONSIDERATION THE HIGH LEVELS OF POVERTY, UNEMPLOYMENT AND LACK OF EASY ACCESS TO AFFORDABLE, FRESH FOOD, GROW2HEAL IS AN ORGANIC LEARNING LAB FOR THEIR COMMUNITY BAPTIST HEALTH BELIEVES IN THE HEALING POWER OF FOOD MANY CHRONIC DISEASES CAN BE PREVENTED, REVERSED OR MANAGED WITH FEWER MEDICATION S BY SIMPLY MAKING BETTER NUTRITIONAL CHOICES EDUCATION IS THE KEY AND GROW2HEAL IS EMPOW ERING INDIVIDUALS TO MAKE IMPORTANT, HEALTHY CHOICES BIG BROTHERS BIG SISTERS - BAPTIST HE ALTH SPONSORS BIG BROTHERS BIG

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
PART V, SECTION B, LINE 11 CONTINUED	SISTERS THROUGH A PROGRAM IN WHICH EMPLOYEES MENTOR AND SERVE AS ROLE MODELS TO INNER CIT Y HIGH SCHOOL STUDENTS ONCE A MONTH THROUGHOUT THE SCHOOL YEAR, ABOUT 30 STUDENTS COME TO THE HOSPITAL FOR THE DAY TO HEAR SPEAKERS ON SUCH TOPICS AS NUTRITION, STRESS MANAGEMENT AND EXERCISE, AND PARTICIPATE IN VARIOUS ACTIVITIES WITH THEIR MENTORS THE STUDENTS' GRAD E POINT AVERAGE AND SCHOOL ATTENDANCE RATE ARE MEASURED PRIOR TO AND AFTER THE PROGRAM HO USING INSECURITIES - BAPTIST HEALTH PARTNERS WITH MANY ORGANIZATIONS TO HELP PROVIDE FOR T HOSE IN NEED HABITAT FOR HUMANITY, SALVATION ARMY, CAMILLUS HOUSE AND CHAPMAN PARTNERSHIP ARE SEVERAL EXAMPLES OF ORGANIZATIONS THAT BAPTIST HEALTH CURRENTLY PARTNERS WITH

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
PART V, SECTION B, LINE 14	UNINSURED INDIVIDUALS WITH LIMITED FINANCIAL RESOURCES WHO ARE UNABLE TO ACCESS ENTITLEMENT PROGRAMS ARE ELIGIBLE FOR FREE HEALTH CARE SERVICES BASED ON ESTABLISHED CRITERIA SINCE PATIENTS QUALIFYING FOR CHARITY CARE RECEIVE A 100% DISCOUNT, BAPTIST HEALTH DOES NOT COMPUTE AMOUNTS GENERALLY BILLED TO INDIVIDUALS

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
PART V, SECTION B, LINE 16A	THE FAP IS MADE WIDELY AVAILABLE ON THE HOSPITAL FACILITY'S WEBSITE HTTPS //BAPTISTHEALTH NET/EN/PATIENT-VISITOR/DOCUMENTS/CHARITY_CARE_POLICY_2012 PDF

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
PART V, SECTION B, LINE 16B	THE FAP APPLICATION IS MADE WIDELY AVAILABLE ON THE HOSPITAL FACILITY'S WEBSITE HTTPS //BAPTISTHEALTH NET/EN/PATIENT-VISITOR/DOCUMENTS/HH_FINANCIAL_AID_FORM PDF

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
PART V, SECTION B, LINE 16C	A PLAIN LANGUAGE SUMMARY OF THE FAP IS MADE WIDELY AVAILABLE ON THE HOSPITAL FACILITY'S WEBSITE HTTPS //BAPTISTHEALTH NET/EN/PATIENT-VISITOR/PAGES/BILLING-INFORMATION-FINANCIAL-ASSISTANT-PROGRAM ASPX

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
PART V, SECTION B, LINE 22	PATIENTS QUALIFYING UNDER THE FINANCIAL ASSISTANCE POLICY WITH FAMILY INCOME AT OR BELOW 300% FPG RECEIVE FREE CARE NONE OF THE MEASURES INDICATED IN PART V, SECTION B, LINE 22 ARE APPLICABLE

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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" on 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

2017

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 appropiate box(es) if the organization provided any of the following to or for a person listed on 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 on 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**	Yes	
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?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on 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?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on 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?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured 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" on 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 on 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 on 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)	352,179	212,325	53,315	83,437	32,896	734,152	69,423
2 NANCY GORDON VP & CNO	**(i)**	185,961	122,024	7,358	5,300	21,333	341,976	0
	(ii)	0	0	0	0	0	0	0
3 KENNETH SPELL VP OF PROFESSIONAL SERVICE	**(i)**	170,861	94,822	8,244	24,767	15,936	314,630	11,258
	(ii)	0	0	0	0	0	0	0
4 MARIE-ELSIE ADE DIRECTOR OF PHARMACY	**(i)**	172,361	32,551	39,264	4,872	12,329	261,377	0
	(ii)	0	0	0	0	0	0	0
5 ANA CABRERA AVP CRITICAL CARE SVCS	**(i)**	141,410	37,600	18,194	4,111	29,912	231,227	0
	(ii)	0	0	0	0	0	0	0
6 ANN ALLEN AVP NURSING	**(i)**	145,411	36,879	12,688	3,975	18,931	217,884	0
	(ii)	0	0	0	0	0	0	0
7 WINIFRED PARDO PHARMACY MANAGER	**(i)**	167,303	16,395	1,176	3,833	27,660	216,367	0
	(ii)	0	0	0	0	0	0	0
8 KURT KADEL AVP HOSPITAL ADMIN	**(i)**	136,518	21,682	20,623	3,672	27,398	209,893	0
	(ii)	0	0	0	0	0	0	0
9 COREY GOLD FORMER VP	**(i)**	4,194	17,540	172,303	1,532	2,533	198,102	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
PART I, LINES 4A-B	COREY GOLD, FORMER VP, RECEIVED A PAYMENT FOR SEVERANCE IN FY2018 IN THE AMOUNT OF $100,042 SUCH AMOUNTS WERE PAID PURSUANT TO HIS EMPLOYMENT CONTRACT
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 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
SCHEDULE J, PART I, LINE 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 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

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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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 on prior Form 990
1WILLIAM M DUQUETTE CEO	(i)	0	0	0	0	0	0	0
	(ii)	352,179	212,325	53,315	83,437	32,896	734,152	69,423
1NANCY GORDON VP & CNO	(i)	185,961	122,024	7,358	5,300	21,333	341,976	0
	(ii)	0	0	0	0	0	0	0
2KENNETH SPELL VP OF PROFESSIONAL SERVICE	(i)	170,861	94,822	8,244	24,767	15,936	314,630	11,258
	(ii)	0	0	0	0	0	0	0
3MARIE-ELSIE ADE DIRECTOR OF PHARMACY	(i)	172,361	32,551	39,264	4,872	12,329	261,377	0
	(ii)	0	0	0	0	0	0	0
4ANA CABRERA AVP CRITICAL CARE SVCS	(i)	141,410	37,600	18,194	4,111	29,912	231,227	0
	(ii)	0	0	0	0	0	0	0
5ANN ALLEN AVP NURSING	(i)	145,411	36,879	12,688	3,975	18,931	217,884	0
	(ii)	0	0	0	0	0	0	0
6WINIFRED PARDO PHARMACY MANAGER	(i)	167,303	16,395	1,176	3,833	27,660	216,367	0
	(ii)	0	0	0	0	0	0	0
7KURT KADEL AVP HOSPITAL ADMIN	(i)	136,518	21,682	20,623	3,672	27,398	209,893	0
	(ii)	0	0	0	0	0	0	0
8COREY GOLD FORMER VP	(i)	4,194	17,540	172,303	1,532	2,533	198,102	0
	(ii)	0	0	0	0	0	0	0

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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

2017

Open to Public Inspection

Name of the organization
HOMESTEAD HOSPITAL INC

Employer identification number
65-0232993

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? Yes	No

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				▶ $								

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	106,070	EMPLOYEE		No
(2) GREATER MIAMI ANESTHESIA SERVICES PA	SAMIR KULKARNI, MD, IS SOLE OWNER OF GREATER MIAMI ANESTHESIA SERVICES PA	4,653,619	SERVICE PROVIDER		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

2017

Open to Public Inspection

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	THE MISSION OF BAPTIST HEALTH SOUTH FLORIDA AND ITS AFFILIATES ("BAPTIST HEALTH") IS TO IMPROVE THE HEALTH AND WELL-BEING OF INDIVIDUALS, AND TO PROMOTE THE SANCTITY AND PRESERVATION OF LIFE, IN THE COMMUNITIES WE SERVE BAPTIST HEALTH IS A FAITH-BASED ORGANIZATION GUIDED BY THE SPIRIT OF JESUS CHRIST AND THE JUDEO-CHRISTIAN ETHIC WE ARE COMMITTED TO MAINTAINING THE HIGHEST STANDARDS OF CLINICAL AND SERVICE EXCELLENCE, ROOTED IN THE UTMOST INTEGRITY AND MORAL PRACTICE CONSISTENT WITH ITS SPIRITUAL FOUNDATION, BAPTIST HEALTH IS DEDICATED TO PROVIDING HIGH-QUALITY, COST-EFFECTIVE, COMPASSIONATE HEALTHCARE SERVICES TO ALL, REGARDLESS OF RELIGION, CREED, RACE OR NATIONAL ORIGIN, INCLUDING, AS PERMITTED BY ITS RESOURCES, CHARITY CARE TO THOSE IN NEED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	CONSISTENT WITH ITS SPIRITUAL FOUNDATION, BAPTIST HEALTH IS DEDICATED TO PROVIDING HIGH-QU ALITY, COST-EFFECTIVE, COMPASSIONATE HEALTHCARE SERVICES TO ALL, INCLUDING, AS PERMITTED B Y OUR RESOURCES, CHARITY CARE TO THOSE IN NEED DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2018, BAPTIST HEALTH PROVIDED PATIENT SERVICES TO THE SOUTH FLORIDA AREA WITH 90,264 ADUL T ADMISSIONS, 359,729 PATIENT DAYS, AND 437,769 EMERGENCY ROOM VISITS DURING THAT SAME TI ME PERIOD, URGENT CARE VISITS TOTALED 323,262, OUTPATIENT SURGERY CASES 92,787, AND TOTAL OUTPATIENT VISITS WERE 1,204,884 SYSTEM-WIDE AS OF SEPTEMBER 30, 2018 THE SYSTEM HAD 2,25 1 LICENSED INPATIENT BEDS COMPRISED OF 1,493 ACUTE CARE BEDS IN TOTAL BAPTIST HEALTH PROV IDED MORE THAN $339,000,000 IN COMMUNITY BENEFIT DURING ITS 2018 FISCAL YEAR WE PROVIDED CHARITY CARE VALUED AT $102,519,000 AS WELL AS $205,873,000 IN UNCOMPENSATED SERVICES THE ESTIMATED COST OF PROVIDING CHARITY SERVICES AND UNCOMPENSATED SERVICES IS BASED ON RECEN T HISTORICAL COST-TO-CHARGE RATIOS FOR CHARITY PATIENTS AND MEDICAID PATIENTS FROM BHSF'S COST ACCOUNTING SYSTEM, APPLIED TO THE CURRENT PERIOD GROSS UNCOMPENSATED CHARGES ASSOCIAT ED WITH PROVIDING CARE TO CHARITY AND MEDICAID PATIENTS WE ALSO CONTRIBUTED $34,420,000 T O THE INDIGENT CARE FUND AND EXPENDED $3,082,000 FOR EDUCATIONAL PROGRAMS, SCREENINGS, COR PORATE SPONSORSHIPS AND DONATIONS FREE COMMUNITY HEALTH AND WELLNESS PROGRAMS COVERED TOP ICS RANGING FROM INSOMNIA AND FOOD SAFETY TO DIABETES AND WEIGHT CONTROL IN ADDITION, BAP TIST HEALTH PROVIDED FREE SCREENINGS FOR CHOLESTEROL, BLOOD PRESSURE, BODY COMPOSITION AND OSTEOPOROSIS BAPTIST HEALTH ALSO HELPED THOSE IN NEED OF PRIMARY CARE SERVICES BY DONATI NG APPROXIMATELY $2,331,000 TO NEIGHBORHOOD NOT-FOR-PROFIT CLINICS SUCH AS THE OPEN DOOR H EALTH CENTER IN HOMESTEAD, THE SOUTH MIAMI CHILDREN'S CENTER AND GOOD NEWS CARE CENTER IN SOUTH MIAMI AND THE GOOD HEALTH CLINIC IN TAVERNIER BAPTIST HEALTH SPENT $19,908,000 PAYI NG PHYSICIANS WHO PROVIDE CARE TO OUR COMMUNITY MEMBERS IN NEED ADDITIONALLY, WE PROVIDED $1,919,000 IN CONTINUING MEDICAL EDUCATION, $420,500 IN CHAPLAINCY, $2,114,800 IN PALLIAT IVE CARE AND $2,074,000 IN UNFUNDED PATIENT CARE DURING THE YEAR ENDED SEPTEMBER 30, 2018 FULFILLING OUR MISSION TO PROVIDE COMPASSIONATE CARE TO THE ENTIRE COMMUNITY ISN'T ONLY A BOUT ASSISTING THOSE IN FINANCIAL NEED IT IS ALSO ABOUT SUPPORTING SERVICES THAT LOSE MON EY BUT ARE ESSENTIAL TO OUR COMMUNITY IN 2007, BAPTIST HEALTH INVESTED APPROXIMATELY $135 ,000,000 IN BUILDING A REPLACEMENT HOSPITAL FOR HOMESTEAD HOSPITAL HOMESTEAD HOSPITAL OPE RATES AT A LOSS, BUT BAPTIST HEALTH CONTINUES TO OPERATE THIS HOSPITAL BECAUSE IT FILLS AN IMPORTANT COMMUNITY NEED FOR QUALITY HEALTHCARE ADDITIONALLY BAPTIST HEALTH HAS INVESTED SUBSTANTIAL FUNDS TO HARDEN ITS FACILITIES TO WITHSTAND A CATEGORY 5 HURRICANE FOR THE PR OTECTION OF OUR PATIENTS AND NEIGHBORS MIAMI CANCER INSTITUTE OFFICIALLY OPENED ITS DOORS IN JANUARY 2017 THE $430 MIL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	LION, 445,000-SQUARE-FOOT FACILITY IS PART OF BAPTIST HEALTH SOUTH FLORIDA MIAMI CANCER I NSTITUTE HAS BECOME THE THIRD FULL MEMBER, AND THE ONLY MEMBER IN FLORIDA, OF THE MEMORIAL SLOAN KETTERING (MSK) CANCER ALLIANCE, AN INITIATIVE DESIGNED TO COLLABORATIVELY GUIDE CO MMUNITY PROVIDERS TOWARD STATE-OF-THE-ART CANCER CARE MIAMI CANCER INSTITUTE FEATURES A U NIQUE, HYBRID ACADEMIC-COMMUNITY CANCER CENTER MODEL BACKED BY 30 YEARS OF BAPTIST HEALTH' S EXPERTISE IN CANCER CARE THE FACILITY, LOCATED ON THE BAPTIST HOSPITAL CAMPUS, CONSOLID ATES MANY OUTPATIENT CLINICAL SERVICES, CLINICAL RESEARCH, AND TECHNOLOGY PLATFORMS UNDER ONE ROOF THE INSTITUTE IS HOME TO ONE OF THE MOST COMPREHENSIVE AND ADVANCED RADIATION ON COLOGY PROGRAMS IN THE WORLD, INCLUDING SOUTH FLORIDA'S FIRST PROTON THERAPY CENTER, ONE O F UNDER TWO DOZEN PROTON THERAPY CENTERS IN THE NATION, WHICH OPENED IN 2017 THE PRECISIO N OF PROTON THERAPY ALLOWS DOCTORS TO TARGET CANCER CELLS WITHOUT DAMAGING HEALTHY TISSUE AND VITAL ORGANS MIAMI CANCER INSTITUTE DRAWS A SIGNIFICANT NUMBER OF PATIENTS FROM OUTSI DE THE UNITED STATES AND WILL ATTRACT LEADING MEDICAL AND BUSINESS PROFESSIONALS TO SOUTH FLORIDA FOR CONFERENCES, SYMPOSIA AND OTHER EVENTS THE HILTON MIAMI-DADELAND - A 184-ROOM , FULL-SERVICE HOTEL AND CONFERENCE CENTER - OPENED IN EARLY 2019 ON THE WEST END OF THE B APTIST HOSPITAL CAMPUS AND WILL BE AN ESSENTIAL COMPONENT TO SERVING OUT-OF-TOWN PATIENTS AND GUESTS VISITING THE CANCER INSTITUTE AND BAPTIST HEALTH IN ADDITION TO THE HEALTH-REL ATED BENEFITS LISTED ABOVE, BAPTIST HEALTH ALSO HAS A SIGNIFICANT AND POSITIVE FINANCIAL I MPACT ON OUR COMMUNITY WE DIRECTLY EMPLOY MORE THAN 19,000 INDIVIDUALS AND DIRECTLY AND I NDIRECTLY CREATE ANOTHER 34,000 JOBS AS SOUTH FLORIDA'S LARGEST PRIVATE EMPLOYER, BAPTIST HEALTH IS TAKING A LEADERSHIP ROLE BY COMMITTING TO THE ENVIRONMENTALLY RESPONSIBLE, ENER GY-EFFICIENT DESIGN AND FUNCTION OF OUR FACILITIES WEST KENDALL BAPTIST HOSPITAL IS CERTI FIED AS A GREEN BUILDING THROUGH THE LEADERSHIP IN ENERGY AND ENVIRONMENTAL DESIGN (LEED) PROGRAM FOR THE U S GREEN BUILDING COUNCILS THIS COMMITMENT APPLIES TO OUR DAY-TO-DAY OP ERATIONS, AS WELL, FROM THE SUPPLIES WE PURCHASE TO THE VEHICLES WE USE IN ACCORDANCE WIT H OUR FAITH-BASED MISSION, BAPTIST HEALTH SOUTH FLORIDA AND ITS AFFILIATES ARE COMMITTED T O MAKING A SIGNIFICANT, POSITIVE IMPACT ON THE COMMUNITY IT SERVES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IV, LINE 24A	BOND LIABILITIES ALL TAX-EXEMPT BOND LIABILITIES ARE REPORTED AT THE PARENT LEVEL, ON SCHEDULE K OF BAPTIST HEALTH SOUTH FLORIDA, INC 'S 2017 FORM 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 1A	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 2A	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	GOVERNING BODY 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 APPOINT SOME BOARD MEMBERS TO THE HOSPITAL'S BOARD OF DIRECTORS

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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	GOVERNING BODY 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PROCESS FOR REVIEWING FORM 990 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 DIRECTORS 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EMPLOYEE CONFLICT OF INTEREST AN ACTUAL, POTENTIAL OR PERCEIVED CONFLICT OF INTEREST OCCUR S IN THOSE CIRCUMSTANCES WHERE AN EMPLOYEE'S JUDGEMENT COULD BE AFFECTED BECAUSE THE EMPLO YEE HAS A PERSONAL INTEREST, OTHER THAN THE RECEIPT OF COMPENSATION FROM BAPTIST HEALTH, I N THE OUTCOME OF A DECISION OVER WHICH THE EMPLOYEE HAS CONTROL OR INFLUENCE FOR THE PURP OSES OF THIS POLICY, IT IS PRESUMED THAT MANAGERS HAVE CONTROL OR INFLUENCE OVER ANY DECIS ION 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 TO UND ERSTAND, 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 B USINESS ACTIVITIES CONDUCTED AT, BY OR WITH BHSF ANY DECISIONS MADE BY BHSF EMPLOYEES MUS T 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 INTE REST OF ANY OTHER PERSON OR ENTITY LIKEWISE, THE APPEARANCE OF ANY SUCH IMPROPER INFLUENC E ON ANY DECISIONS SHOULD BE CONSCIOUSLY AVOIDED EMPLOYEES SHOULD ALSO ADHERE TO POLICY 8 28 WHICH PROHIBITS VENDOR SPONSORED TRAVEL AND POLICY 829 LIMITING ACCEPTANCE OF PERSONAL HONORARIUMS AND POLICY 831 WHICH PROVIDES LIMITATIONS AND GUIDELINES ON PHILANTHROPIC SOLI CITATION OF VENDORS A POTENTIAL OR PERCEIVED CONFLICT OR INTEREST MAY EXIST IRRESPECTIVE OF THE INTENT OF THE EMPLOYEE BOARD CONFLICT OF INTEREST BAPTIST HEALTH AND ITS AFFILIATE S HAVE A STRONG AND ROBUST CONFLICT OF INTEREST POLICY THE POLICY IS MEANT TO ENSURE THAT EACH VOTING MEMBER OF THE RESPECTIVE ENTITY'S BOARD GOVERNS THE AFFAIRS OF BAPTIST HEALTH AND THEIR AFFILIATES WITH HONESTY AND INTEGRITY AND MAKES DECISIONS FOR THE BENEFIT OF BA PTIST HEALTH VOTING BOARD MEMBERS MAY NOT BE EMPLOYED BY BAPTIST HEALTH NOR ENGAGED TO PR OVIDE SERVICES TO BAPTIST HEALTH IN EXCHANGE FOR CASH COMPENSATION CONFLICT FREE DECISION MAKING EXTENDS BEYOND THE BOARD MEMBERS TO INCLUDE TRANSACTIONS THAT MIGHT BENEFIT (I) TH E PRIVATE INTEREST OF A MEMBER OR HIS OR HER FAMILY (II) AN ORGANIZATION CONTROLLED BY A M EMBER OF HIS OR HER FAMILY (III) AN ORGANIZATION IN WHICH A MEMBER OR HIS OR HER FAMILY HA S A MATERIAL INTEREST SINCE THE APPEARANCE OF A CONFLICT OF INTEREST MAY BE AS DAMAGING T O BAPTIST HEALTH'S REPUTATION AS ACTUALLY PERMITTING A CONFLICT TO EXIST, EACH BOARD MEMBE R HAS A CONTINUING OBLIGATION TO DISCLOSE ANY POTENTIAL CONFLICTS THIS CONTINUING OBLIGAT ION IS SUPPLEMENTED BY AN ANNUAL CERTIFICATION THAT THE BOARD MEMBER IS FREE FROM ACTUAL O R POTENTIAL CONFLICTS OF INTEREST THE ANNUAL CERTIFICATION IS REVIEWED BY THE VICE PRESID ENT OF COMPLIANCE WHO REPORTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	DIRECTLY TO THE BOARD POTENTIAL CONFLICTS ARE FURTHER REVIEWED BY THE BOARD'S ETHICS COMM ITTEE 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 CONFL ICT OF INTEREST POLICY COMPLIANCE ONE OF BAPTIST HEALTH SOUTH FLORIDA'S GREATEST ASSETS IS THE INTEGRITY OF ITS VOLUNTEER BOARD MEMBERS ONE WAY TO ASSURE INTEGRITY IS THEIR COMMIT MENT 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 ENS URE ALL VOTING MEMBERS SUBMIT THE DECLARATION FORM AND PERFORM NECESSARY RESEARCH TO UNDER STAND IF A POTENTIAL CONFLICT EXISTS ALL DISCLOSURES AND THE RELATED RESEARCH ARE SUMMARI ZED 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 CONSIDE RATION AND RESOLUTION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	PERFORMANCE-BASED EXECUTIVE COMPENSATION THE SOUTH FLORIDA MARKET FOR HIGHLY COMPETENT HEA LTHCARE 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 S TAND-ALONE HOSPITALS THE BOARD OF TRUSTEES OF BAPTIST HEALTH SOUTH FLORIDA SEEKS EXECUTIV ES 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 PERF ORMANCE OF THEIR DUTIES AND TO ADHERE TO BAPTIST HEALTH'S CONFLICT OF INTEREST POLICY, EXE CUTIVE CODE OF CONDUCT AND ALL COMPLIANCE/ETHICS POLICIES EXECUTIVE COMPENSATION IS CONSI DERED THE FOUNDATION TO ATTRACT AND RETAIN EXECUTIVES WITH THE TALENT, EXPERIENCE AND CHAR ACTER 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 D ELEGATE THE AUTHORITY TO SET EXECUTIVE COMPENSATION TO BHSF BHSF'S COMPENSATION COMMITTEE IS COMPRISED EXCLUSIVELY OF INDEPENDENT BOARD MEMBERS WHO SERVE VOLUNTARILY WITHOUT ANY R EMUNERATION, 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 RESPONSI BLE FOR REVIEWING THE PERFORMANCE AND APPROVING THE COMPENSATION FOR EXECUTIVES THE TERM "COMPENSATION" INCLUDES SALARIES, BENEFITS AND INCENTIVES THE COMPENSATION COMMITTEE ANNU ALLY ENGAGES A NATIONALLY-RECOGNIZED, INDEPENDENT CONSULTANT TO CONDUCT COMPENSATION SURVE YS 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 CA PABLE, PRODUCTIVE EXECUTIVES IS ACCOMPLISHED THROUGH DESIGN OF A TOTAL COMPENSATION PACKAG E 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 LEA DERSHIP LEVELS THAT REWARDS OUTSTANDING PERFORMANCE USING A CASH PLUS EMPLOYEE BENEFITS PA CKAGE TARGETING THE 75TH PERCENTILE BASE SALARIES OF FULLY PRODUCTIVE EXECUTIVES ARE INDE XED TO THE MEDIAN (50TH PERCENTILE) SALARY PAID BY SIMILAR HEALTHCARE ORGANIZATIONS INCEN TIVE 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 PERFORM ANCE METRICS 2 PERFORMANCE-BASED SALARY INCREASES ONE OF THE KEY ELEMENTS OF BAPTIST HE ALTH'S EXECUTIVE COMPENSATION PHILOSOPHY IS "PAY FOR PERFORMANCE " SALARY INCREASES ARE BA SED UPON THE DEGREE TO WHICH E

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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	ACH EXECUTIVE ACHIEVES HIS/HER INDIVIDUAL PERFORMANCE OBJECTIVES FOR THE YEAR, WHICH ARE T IED TO CORPORATE OBJECTIVES GENERALLY THESE OBJECTIVES RELATE TO CLINICAL QUALITY, PATIEN T, PHYSICIAN AND COMMUNITY SATISFACTION, CHARITY CARE AND MISSION GOALS, FINANCIAL PERFORM ANCE 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 T HE FISCAL YEAR 3 MARKET-BASED SALARY INCREASES THE BOARD'S COMPENSATION COMMITTEE REVIE WS THE MARKET VALUE OF EXECUTIVE POSITIONS ANNUALLY TO ASSURE THAT BAPTIST HEALTH'S PAY LE VELS ARE COMPETITIVE THE INDEPENDENT CONSULTANT, SELECTED BY THE COMPENSATION COMMITTEE, OBTAINS EXECUTIVE SALARY INFORMATION FOR FUNCTIONALLY COMPARABLE POSITIONS AT HEALTHCARE I NSTITUTIONS 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 AND S COPE THE PEER GROUP DOES NOT INCLUDE FOR-PROFIT HOSPITALS, WHOSE COMPENSATION PRACTICES A RE FAR MORE GENEROUS (AND INCLUDE SUCH THINGS AS STOCK OPTIONS AND EQUITY/OWNERSHIP INTERE STS) 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 REL ATIONSHIPS TO PEERS 5 AT-RISK INCENTIVE PAY KEY EXECUTIVES WHO CONTROL SIGNIFICANT ASSE TS OR WHO HAVE A MAJOR IMPACT ON OPERATIONS MAY EARN INCENTIVE PAY, CAPPED AT A PRE-DETERM INED PERCENTAGE OF THE EXECUTIVE'S BASE SALARY THE PURPOSE OF INCENTIVE PAY IS TO FOCUS E XECUTIVE ACTION ON KEY "PERFORMANCE THRESHOLDS AND CORPORATE GOALS THAT ARE APPROVED BY TH E BOARD'S COMPENSATION COMMITTEE THE ACHIEVEMENT OF THESE GOALS REQUIRES EXTRAORDINARY EF FORT, COMMITMENT AND ACHIEVEMENT THE INCENTIVE COMPONENT OF THE EXECUTIVE'S TOTAL COMPENS ATION IS VARIABLE AND TOTALLY AT RISK, DEPENDING UPON THE ACHIEVEMENT OF THE AGREED-UPON G OALS 6 PERQUISITES BAPTIST HEALTH EXECUTIVES ARE PROVIDED WITH A COMMON SET OF PERQUISI TES THAT ARE TYPICAL OF OTHER RESPONSIBLE NOT-FOR-PROFIT ORGANIZATIONS TO ENABLE THEM TO M ORE EFFECTIVELY CONDUCT THEIR BUSINESS THESE BENEFITS ARE DEEMED BY THE COMPENSATION COMM ITTEE TO BE APPROPRIATE AND CONSERVATIVE PERQUISITES ARE GENERALLY LIMITED TO AUTO AND CE LL PHONE ALLOWANCES WHICH ARE FULLY TAXABLE TO THE EXECUTIVE OTHER PERQUISITES PROVIDED T O EXECUTIVES, SUCH AS PAID TIME OFF OR REIMBURSEMENT FOR RELEVANT EDUCATIONAL EXPENSES, AR E OFFERED TO ALL EMPLOYEES IN ACCORDANCE WITH ENTERPRISE-WIDE POLICIES AND PROCEDURES BUS INESS TRAVEL FOR EXECUTIVES ON COMMERCIAL AIRLINES IS LIMITED TO COACH FARES (AN UPGRADE T O THE NEXT AVAILABLE CLASS OF SERVICE, E G , BUSINESS CLASS, MAY BE PERMITTED WHEN THE FLI GHT DURATION IS IN EXCESS OF FIVE HOURS OR AN OVERNIGHT ACCOMMODATION CAN BE AVOIDED) CHA RTERED PLANE TRAVEL, SPOUSAL T

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	RAVEL, LUXURY RESIDENCES FOR PERSONAL USE, HEALTH, COUNTRY OR SOCIAL CLUB DUES AND PERSONA L SERVICES (SUCH AS MAID, CHAUFFEUR, CHEF, LANDSCAPER) ARE NOT PROVIDED (OR REIMBURSED) TO BAPTIST HEALTH EXECUTIVES

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII	REPORTABLE COMPENSATION 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	BENEFICIAL INTEREST IN NET ASSETS OF BHSF FOUNDATION -1,850,587 EQUITY TRANSFER 629,196

990 Schedule O, Supplemental Information

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

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

2017

Open to Public Inspection

Name of the organization
HOMESTEAD HOSPITAL INC

Employer identification number
65-0232993

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.

See Additional Data Table

(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

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.

See Additional Data Table

(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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

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

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

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) Disproprtionate 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)

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
6855 RED ROAD STE 600 CORAL GABLES, FL 33143 65-0267668	SUPPORT	FL	501(C)(3)	12C	N/A		No
8900 N KENDALL DRIVE MIAMI, FL 33176 59-0910342	HOSPITAL	FL	501(C)(3)	3	BHSF		No
6855 RED ROAD STE 600 CORAL GABLES, FL 33143 65-0611015	SUPPORT	FL	501(C)(3)	12A	BHSF		No
6200 SW 73 ST SOUTH MIAMI, FL 33143 59-0872594	HOSPITAL	FL	501(C)(3)	3	BHSF		No
91500 OVERSEAS HIGHWAY TAVERNIER, FL 33070 59-1987355	HOSPITAL	FL	501(C)(3)	3	BHSF		No
5000 UNIVERSITY DRIVE CORAL GABLES, FL 33146 04-3775926	HOSPITAL	FL	501(C)(3)	3	BHSF		No
9555 SW 162 AVE MIAMI, FL 33196 52-2438452	HOSPITAL	FL	501(C)(3)	3	BHSF		No
6855 RED ROAD STE 600 CORAL GABLES, FL 33143 59-1923401	FUNDRAISING	FL	501(C)(3)	7	BHSF		No
6855 RED ROAD STE 600 CORAL GABLES, FL 33143 56-2290370	MED DIAG	FL	501(C)(3)	3	BHSF		No
6855 RED ROAD STE 600 CORAL GABLES, FL 33143 46-2597739	HEALTHCARE	FL	501(C)(3)	10	BHSF		No
6855 RED ROAD STE 600 CORAL GABLES, FL 33143 47-3090066	HEALTHCARE	FL	501(C)(3)	10	BHSF		No
3301 OVERSEAS HWY MARATHON, FL 33050 82-1682066	HOSPITAL	FL	501(C)(3)	3	BHSF		No
2815 S SEACREST BLVD BOYNTON BEACH, FL 33435 59-2447553	SUPPORT ORGANIZATION	FL	501(C)(3)	12C	BHSF		No
2815 S SEACREST BLVD BOYNTON BEACH, FL 33435 59-2771779	O/P MEDICAL SERVICES	FL	501(C)(3)	10	BHI		No
2815 S SEACREST BLVD BOYNTON BEACH, FL 33435 65-0561263	O/P MEDICAL SERVICES	FL	501(C)(3)	10	BHI		No
2815 S SEACREST BLVD BOYNTON BEACH, FL 33435 59-2447554	HOSPITAL	FL	501(C)(3)	3	BHI		No
2815 S SEACREST BLVD BOYNTON BEACH, FL 33435 59-6137805	FUNDRAISING	FL	501(C)(3)	7	BHI		No
2815 S SEACREST BLVD BOYNTON BEACH, FL 33435 59-6775830	SELF INSURANCE TRUST	FL	501(C)(3)	12A	BHI		No
2815 S SEACREST BLVD BOYNTON BEACH, FL 33435 59-2230109	SELF INSURANCE TRUST	FL	501(C)(3)	12A	BHI		No
2815 S SEACREST BLVD BOYNTON BEACH, FL 33435 65-0523164	PAYROLL SUPPORT	FL	501(C)(3)	12A	BHI		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner? Yes	(j) No	(k) Percentage ownership
KENDALL PROFESSIONAL CENTER LIMITED 6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143 59-2645094	LEASING OFFICE SPACE	FL	N/A									
BAPTIST SLEEP CENTER AT GALLOWAY LLC 6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143 27-1591797	MEDICAL SERVICES	FL	N/A									
BAPTIST SLEEP CENTERS OF SOUTH FLORIDA LLC 6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143 27-3597226	MEDICAL SERVICES	FL	N/A									
BAPTIST SURGERY AND ENDOSCOPY CENTERS LLC 6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143 20-1796841	MEDICAL SERVICES	FL	N/A									
BAPTIST HEALTH SURGERY CENTER LLC 8900 N KENDALL DRIVE MIAMI, FL 33176 65-0663357	MEDICAL SERVICES	FL	N/A									
AMSURG BAPTIST NETWORK ALLIANCE LLC 6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143 47-3088958	HOLDING COMPANY	FL	N/A									
BAPTIST AMBULATORY ALLIANCE LLC 6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143 81-4431967	HOLDING COMPANY	FL	N/A									
HEALTH NETWORK AMBULATORY ALLIANCE LLC 6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143 81-4490589	HOLDING COMPANY	FL	N/A									
MIAMI CARDIAC AND VASCULAR INSTITUTE MANAGEMENT COMPANY 6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143 47-4128811	CARDIAC MEDICAL CENTER	FL	N/A									
MEDLEY OPPORTUNITY FUND III LP 280 PARK AVENUE 6TH FLOOR EAST NEW YORK, NY 10152 47-1284126	INVESTMENT IN DEBT	NY	N/A									
SOUTH FLORIDA CENTER FOR ENDOSCOPY & DIGESTIVE DISEASE LLC 7875 SW 104TH ST SUITE 201 MIAMI, FL 33156 65-1112489	MEDICAL SERVICES	FL	N/A									
CARE SERVICES OF BETHESDA LLC CENTRAL EXPY STE 1300 DALLAS, TX 75206 20-1745631	HOME HEALTH	TX	N/A									
MCCOY INVESTMENTS III LP 250 W 55TH ST 13D NEW YORK, NY 10019 47-1225274	FUND INVESTMENT	NY	N/A									

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	N/A	C					No
SAMARITAN RISK RETENTION GROUP 7301 RIVERS AVENUE SUITE 230 NORTH CHARLESTON, SC 29406 20-3433505	INSURANCE	SC	N/A	C					No
PINEAPPLE INSURANCE COMPANY 23 LIME TREE BAY AVE PO BOX 1051 GRAND CAYMAN KY1-1102 CJ 98-0465790	INSURANCE	CJ	N/A	C					No
BMAB EAST TOWER INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 65-4047110	REAL ESTATE MGMT	FL	N/A	C					No
BAPTIST MEDICAL SERVICES CORP 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 65-0506620	HOLDING COMPANY	FL	N/A	C					No
KENDALL CREDIT & BUSINESS SERVICES INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 65-0434778	COLLECTION AGENCY	FL	N/A	C					No
WEST KENDALL PROFESSIONAL SERVICES INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 65-0475570	COLLECTIONS	FL	N/A	C					No
SOUTH MIAMI HEALTH ENTERPRISES INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 59-2623930	MEDICAL CENTER	FL	N/A	C					No
EAST KENDALL INVESTMENTS INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 65-0593165	REAL ESTATE RENTL	FL	N/A	C					No
BAPTIST AMBULATORY SERVICES INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 42-1573814	HOLDING COMPANY	FL	N/A	C					No
BHE REALTY INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 90-0152617	R ESTATE BROKER	FL	N/A	C					No
BAPTIST ANCILLARY SERVICES INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 55-0800138	HOLDING COMPANY	FL	N/A	C					No
BETHESDA HEALTH PHYSICIAN GROUP INC 2815 S SEACREST BLVD BOYNTON BEACH, FL 33435 65-0561267	PHYSICIAN OFFICES	FL	N/A	C					No
BETHESDA HOLDING COMPANY INC 2815 S SEACREST BLVD BOYNTON BEACH, FL 33435 59-2663767	HOLDING COMPANY	FL	N/A	C					No
PALM BEACH CREDIT ADJUSTORS INC 2815 S SEACREST BLVD BOYNTON BEACH, FL 33435 59-2507658	INVESTMENT	FL	N/A	C					No