

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 10-01-2020, and ending 09-30-2021

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 \$ 446,605,551

F Name and address of principal officer:
Kenneth Spell
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

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	9
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	1,527
6 Total number of volunteers (estimate if necessary)	6	5
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	8,188,374	16,716,827
9 Program service revenue (Part VIII, line 2g)	399,601,815	428,185,045
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	137,807	-96,925
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,338,845	1,194,475
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	409,266,841	445,999,422
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	28,520	13,750
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	111,843,273	120,956,320
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	311,474,548	314,930,888
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	423,346,341	435,900,958
19 Revenue less expenses. Subtract line 18 from line 12	-14,079,500	10,098,464
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	84,032,014	129,832,589
21 Total liabilities (Part X, line 26)	600,486,828	634,974,400
22 Net assets or fund balances. Subtract line 21 from line 20	-516,454,814	-505,141,811

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 2022-08-12

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 P00540589

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

Firm's address ▶ 695 TOWN CENTER DRIVE SUITE 1000 Phone no. (714) 436-7100
COSTA MESA, CA 92626

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 \$ 394,143,026 including grants of \$ 13,750) (Revenue \$ 428,185,045)
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 ▶ 394,143,026

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		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		
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		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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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		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.	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		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		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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		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		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		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)		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		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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, and transactions.

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 [checked]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a (9), 1b (9), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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-A 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.
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:

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.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Barbara C Hanck Director	2.0 0	X						0	0	0
(2) Bill R Tillett Director	2.0 8.0	X						0	140	0
(3) George E Cadman III Director - End 10/2020	2.0 4.0	X						0	0	0
(4) Herbert H Greene MD Director - End 12/2020	2.0 4.0	X						0	3,417	0
(5) Jeanne F Jacobs MD Director	2.0 0	X						0	0	0
(6) Johanna Paterson Carrier Director	2.0 2.0	X						0	0	0
(7) John P Maas ESQ Director (End Oct 2020)	2.0 0	X						0	0	0
(8) Jose Prado Director	2.0 0	X						0	0	0
(9) Maria Costa Smith Director	2.0 0	X						0	1,226	0
(10) Ramon Oyarzun Director - End Oct 2020	2.0 2.0	X						0	0	0
(11) Rao Uppaluri Director	2.0 0	X						0	0	0
(12) Rene W Taylor Director - End 10/2020	2.0 0	X						0	0	0
(13) Rev William Chambers III Chairman	2.0 4.0	X						0	0	0
(14) Steven Sapp Director	2.0 0	X						0	0	0
(15) Willie Carpenter Director - End 10/2020	2.0 0	X						0	0	0
(16) Kenneth Spell CEO	50.0 0			X				631,907	0	122,143
(17) Ana Cabrera VP	50.0 0				X			246,267	0	43,101

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Nancy Gordon VP & CNO - End 4/2020	50.0				X			190,739	0	7,467
(19) Ann Allen AVP Nursing	45.0					X		222,482	0	25,606
(20) Charles Anderson Augustus II CMO	45.0					X		307,140	0	26,716
(21) Karl W Cetta AVP Strategic Projects	45.0					X		205,740	0	23,985
(22) Kurt Kadel AVP Hospital Administration	45.0					X		225,578	0	25,255
(23) Marie-Elsie Ade Pharmacy Director	45.0					X		230,176	0	19,717
(24) William M Duquette Former CEO	0.0						X	0	972,260	165,918
	50.0									
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)								2,260,029	977,043	459,908

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)	2,260,029	977,043	459,908

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 ▶ 216

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SOUTH DADE MEDICAL GROUP LLP PO BOX 901430 HOMESTEAD, FL 33090	PHYSICIAN SERVICES	5,507,515
GREATER MIAMI ANESTHESIA SERVICES PA 7337 SW 169 TERRACE PALMETTO BAY, FL 33157	PHYSICIAN SERVICES	4,634,469
PEDIATRIC EMERGENCY NETWORK PA 2080 SW 59th Ave PLANTATION, FL 33317	PHYSICIAN SERVICES	2,752,031
BIO MEDICAL APPLICATIONS OF FLORIDA INC PO Box 919214 DALLAS, TX 75391	PHYSICIAN SERVICES	1,638,267
KIDZ MEDICAL SERVICES INC 5955 Ponce De Leon BLVD CORAL GABLES, FL 33146	PHYSICIAN SERVICES	1,512,639

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 ▶ 47

Part VIII Statement of Revenue

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

Table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	13,750	13,750		
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, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	500,223		500,223	
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	98,990,638	84,567,232	14,423,406	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,756,740	2,343,229	413,511	
9 Other employee benefits	11,529,907	9,800,421	1,729,486	
10 Payroll taxes	7,178,812	6,101,990	1,076,822	
11 Fees for services (non-employees):				
a Management				
b Legal	706,164		706,164	
c Accounting				
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)	44,498,495	40,664,427	3,834,068	0
12 Advertising and promotion	3,160,566	2,686,481	474,085	
13 Office expenses	8,180,210	6,953,179	1,227,031	
14 Information technology	19,587,165	16,649,090	2,938,075	
15 Royalties				
16 Occupancy	4,580,364	3,893,310	687,054	
17 Travel	12,188	10,360	1,828	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,563	2,179	384	
20 Interest	3,923,184	3,334,706	588,478	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,057,960	3,449,266	608,694	
23 Insurance	8,370,888	8,290,858	80,030	
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	84,610,374	84,610,374		
b PROVISION FOR BAD DEBTS	83,759,186	83,759,186		
c MEDICAL SUPPLIES	25,769,424	25,769,424		
d MANAGEMENT FEES	9,614,355	8,172,202	1,442,153	
e All other expenses	14,097,802	3,071,362	11,026,440	0
25 Total functional expenses. Add lines 1 through 24e	435,900,958	394,143,026	41,757,932	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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	4,460	1	4,460
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	26,196,747	4	32,547,805
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,948,774	8	1,854,622
	9 Prepaid expenses and deferred charges	510,970	9	447,051
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 85,254,308		
	b Less: accumulated depreciation	10b 48,098,451	35,563,875	10c 37,155,857
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	0	12	
	13 Investments—program-related. See Part IV, line 11	0	13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	19,807,188	15	57,822,794
16 Total assets. Add lines 1 through 15 (must equal line 33)	84,032,014	16	129,832,589	
Liabilities	17 Accounts payable and accrued expenses	32,233,272	17	28,712,026
	18 Grants payable		18	
	19 Deferred revenue	35,235,577	19	9,402,488
	20 Tax-exempt bond liabilities	109,174,048	20	106,623,435
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	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	423,843,931	25	490,236,451
	26 Total liabilities. Add lines 17 through 25	600,486,828	26	634,974,400
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-521,243,895	27	-511,145,431
	28 Net assets with donor restrictions	4,789,081	28	6,003,620
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	-516,454,814	32	-505,141,811	
33 Total liabilities and net assets/fund balances	84,032,014	33	129,832,589	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	445,999,422
2	Total expenses (must equal Part IX, column (A), line 25)	2	435,900,958
3	Revenue less expenses. Subtract line 2 from line 1	3	10,098,464
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-516,454,814
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	1,214,539
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-505,141,811

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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?
 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?
- 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.

		Yes	No
2a			No
2b	Yes		
2c	Yes		
3a	Yes		
3b	Yes		

Additional Data

Software ID: 20011424

Software Version: 2020v4.0

EIN: 65-0232993

Name: Homestead Hospital Inc

Form 990 (2020)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

SCHEDULE A
(Form 990 or 990-EZ)

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Hornstead 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2020. 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 <input type="checkbox"/>		
b 33 1/3% support test—2019. 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2020. 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 <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2019. 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2020. 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—2019. 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

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 lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described in 11a above?		
c	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, 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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in line 2 above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer lines 2a and 2b 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? <i>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.</i>	Yes	No
b	Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3	Parent of Supported Organizations. Answer lines 3a and 3b 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035	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	<input type="checkbox"/> 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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

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. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2020 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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor/donor advisor notification.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, acreage, and monitoring expenses.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures.

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:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 5 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 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 Term 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:
(i) Unrelated organizations
(ii) Related organizations
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
Table with columns: Yes, No. Rows: 3a(i), 3a(ii), 3b
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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)		
(10)		
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	6,003,620
(2) OTHER RECEIVABLES	2,640,652
(3) PHYSICIAN GUARANTEE ASSET	48,565,918
(4) OTHER ASSETS	0
(5) RIGHT OF USE ASSETS	612,604
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	57,822,794

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	
(2) SELF INSURANCE RESERVES	11,842,853
(3) DUE TO TAX EXEMPT AFFILIATE	429,212,074
(4) PHYSICIAN GUARANTEE LIABILITY	48,565,919
(5) RIGHT OF USE ST LIABILITY	225,365
(6) RIGHT OF USE LT LIABILITY	387,240
(7) ASSET RETIREMENT OBLIGATION	3,000
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	490,236,451

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	277,797,994
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	-168,369,560	
e	Add lines 2a through 2d		2e	-168,369,560
3	Subtract line 2e from line 1		3	446,167,554
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	-168,132	
c	Add lines 4a and 4b		4c	-168,132
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	445,999,422

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	267,728,840
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	-168,369,560	
e	Add lines 2a through 2d		2e	-168,369,560
3	Subtract line 2e from line 1		3	436,098,400
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	-197,442	
c	Add lines 4a and 4b		4c	-197,442
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	435,900,958

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	

Additional Data

Software ID: 20011424

Software Version: 2020v4.0

EIN: 65-0232993

Name: Homestead Hospital Inc

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	<p>BHSF, the BHSF Hospitals, Bethesda Health, BOS, BHMGM, MCIBH, BRRH, BRRH Hospital, BRRH Home Health, BH Foundation, and BHSF Foundation are not-for-profit corporations and recognized as tax-exempt pursuant to Section 501(c)(3) of the Internal Revenue Code. BHMGM affiliated physician practices are single-member LLCs, which are treated as disregarded entities for federal income tax purposes. BHE, BocaCare, BHC, and the Insurance Companies are for-profit entities. BHSF provides for income taxes in accordance with the provisions of FASB ASC 740, Income Taxes ("ASC 740"). As required under ASC 740, deferred tax assets and liabilities are recognized under the balance sheet approach, which recognizes the future tax effect of temporary differences between the amounts recorded in the financial statements and the tax basis of these amounts. Deferred tax assets and liabilities are measured using the enacted tax rates expected to apply to taxable income in the periods in which the deferred tax assets or liabilities are expected to be realized or settled. Taxes collected from patients, tenants, customers and others, concurrent with specific revenue-producing transactions and subsequently remitted to governmental authorities, are recorded on a net basis and excluded from revenues. As of September 30, 2021 and 2020, BHSF had no material unrecognized tax positions. No material unrecognized tax positions are expected through September 30, 2022. BHSF is periodically audited by federal and state taxing authorities. The outcome of these audits may result in BHSF being assessed taxes in addition to amounts previously paid. Federal returns for fiscal years 2017 through 2020 remain open and subject to examination by the Internal Revenue Service.</p>

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	CHARITY CARE - -84610374 BAD DEBT EXPENSE - -83759186

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	LOSS ON SALE OF FIXED ASSETS - -197442 Transfer from Restricted Fund Equipment - 29310

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	CHARITY CARE - -84610374 BAD DEBT EXPENSE - -83759186

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	LOSS ON SALE OF FIXED ASSETS - -197442 -

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 Homestead Hospital Inc

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

Employer identification number
 65-0232993

OMB No. 1545-0047
2020
Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>30000 %</u>	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> 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 eligible for free or discounted care?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		3,059	21,099,533		21,099,533	5.99 %
b Medicaid (from Worksheet 3, column a)			56,970,063	42,454,620	14,515,443	4.12 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	3,059	78,069,596	42,454,620	35,614,976	10.11 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			678,834	2,400	676,434	0.19 %
f Health professions education (from Worksheet 5)					0	0 %
g Subsidized health services (from Worksheet 6)			1,462,522		1,462,522	0.42 %
h Research (from Worksheet 7)					0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			700,869		700,869	0.20 %
j Total. Other Benefits	0	0	2,842,225	2,400	2,839,825	0.81 %
k Total. Add lines 7d and 7j	0	3,059	80,911,821	42,457,020	38,454,801	10.92 %

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					0	0 %
2 Economic development					0	0 %
3 Community support					0	0 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building					0	0 %
7 Community health improvement advocacy					0	0 %
8 Workforce development					0	0 %
9 Other					0	0 %
10 Total	0	0	0	0	0	0 %

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 Healthcare 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	18,414,575
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	31,817,575
6 Enter Medicare allowable costs of care relating to payments on line 5	6	31,438,530
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	379,045
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes

Part IV Management Companies and Joint Ventures

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

See Additional Data Table	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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 1

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		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.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
	a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
	b <input checked="" type="checkbox"/> Demographics of the community		
	c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
	d <input checked="" type="checkbox"/> How data was obtained		
	e <input checked="" type="checkbox"/> The significant health needs of the community		
	f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
	g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
	h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
	i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
	j <input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
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	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	Yes	
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.		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
	a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>https://baptisthealth.net/about-baptist-health/fulfilling-our-mission/community-needs-assessment-and</u>		
	b <input type="checkbox"/> Other website (list url): _____		
	c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
	d <input type="checkbox"/> 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.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? <u>https://baptisthealth.net/about-baptist-health/fulfilling-our-mission/community-needs-assessment-and</u>	Yes	
	a If "Yes" (list url): <u>needs-assessment-and</u>		
	b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
	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)

HOMESTEAD HOSPITAL INC

Name of hospital facility or letter of facility reporting group _____

		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? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300.0</u> % and FPG family income limit for eligibility for discounted care of <u>0.0</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?		No
15	Explained the method for applying for financial assistance? 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):	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART VI</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART VI</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>PART VI</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> 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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> 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? If "Yes," check all actions in which the hospital facility or a third party engaged: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
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 <input type="checkbox"/> 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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why: a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	21	Yes
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Part V Facility Information *(continued)*

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

HOMESTEAD HOSPITAL INC

Name of hospital facility or letter of facility reporting group _____

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?

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?

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 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? 0

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

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

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 6 AFFILIATED HEALTH CARE SYSTEM CONTINUED</p>	<p>WOMEN'S HEALTH SERVICES: A WIDE RANGE OF SERVICES FOR THE SPECIAL HEALTH NEEDS OF WOMEN ARE OFFERED THROUGHOUT BAPTIST HEALTH. THESE RANGE FROM MATERNITY AND NEWBORN SERVICES TO DIAGNOSTIC TESTING, HEALTH EDUCATION, AND WELLNESS. BAPTIST HEALTH PROVIDES FAMILY-CENTERED MATERNITY CARE FOR THE MORE THAN 13,923 BABIES BORN AT OUR FACILITIES EACH YEAR. ON AVERAGE, OVER THE PAST THREE YEARS, MORE THAN ONE-THIRD OF ALL BABIES BORN IN MIAMI-DADE COUNTY WERE DELIVERED BHSF SYSTEM HOSPITAL. OVER 100 OBSTETRICS/GYNECOLOGY BOARD-CERTIFIED SPECIALISTS USE BAPTIST HEALTH FOR THEIR OBSTETRIC AND GYNECOLOGICAL PATIENTS. BAPTIST HEALTH FACILITIES OFFER A FULL SPECTRUM OF MATERNITY CARE OPTIONS, INCLUDING LABOR-DELIVERY-RECOVER 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 OF MIAMI AND SOUTH MIAMI HOSPITAL EACH HAVE LEVEL II NEONATAL INTENSIVE CARE UNITS ("NICU") AND LEVEL III NICUS. NEONATOLOGISTS ARE ON DUTY 24 HOURS A DAY AT BOTH BAPTIST HOSPITAL OF MIAMI AND SOUTH MIAMI 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 FY2021 AT MULTIPLE SITES ACROSS MIAMI-DADE, BROWARD, PALM BEACH, 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 OF MIAMI CAMPUS, OFFERS INFORMATION, VIDEOS, INTERNET ACCESS, EDUCATIONAL CLASSES AND SUPPORT GROUPS. CLASSES AND SUPPORT GROUPS ARE OFFERED ON A VARIETY OF WOMEN'S HEALTH TOPICS FROM BREAST HEALTH TO MENOPAUSE AND FERTILITY. THE WOMEN'S HEALTH RESOURCE CENTER ALSO PROVIDES ASSISTANCE WITH PHYSICIAN REFERRALS. SURGICAL SERVICES: SURGICAL PROCEDURES PERFORMED IN BAPTIST HEALTH HOSPITALS RANGE FROM THE HIGHLY COMPLEX, SUCH AS OPEN HEART AND BRAIN SURGERY, TO THE MINIMALLY INVASIVE SUCH AS ARTHROSCOPIC KNEE SURGERY. APPROXIMATELY 104,713 OUTPATIENT SURGERIES WERE PERFORMED IN BAPTIST HEALTH IN FY2021. RECENT ADDITIONS TO BAPTIST HEALTH COMPREHENSIVE SURGICAL SERVICES AND ADVANCED SURGICAL TECHNIQUES HAVE RESULTED IN AN INCREASED ACCURACY AND PRECISION, IMPROVED PATIENT SAFETY, SMALLER INCISIONS AND QUICKER RECOVERIES. CLINICAL IMAGING SERVICES: BAPTIST HEALTH HAS THE LATEST DIAGNOSTIC IMAGING EQUIPMENT, SUCH AS MRI, SPIRAL CT, CT, PET AND COMBINATION PET/CT. ALSO PROVIDED ARE GENERAL NUCLEAR MEDICINE IMAGING, COMPLETE WOMEN'S IMAGING SERVICES (3-D MAMMOGRAPHY, ULTRASOUND, BONE DENSITY AND BREAST BIOPSY), COMPREHENSIVE CARDIOVASCULAR TESTING AND A URODYNAMICS LAB FOR URINARY INCONTINENCE. CLINICAL IMAGING SERVICES FOR EMERGENCY, INPATIENT AND OUTPATIENT CARE ARE PROVIDED AT ALL BAPTIST HEALTH HOSPITALS AND OUTPATIENT DIAGNOSTIC LOCATIONS THROUGHOUT MIAMI-DADE, BROWARD, PALM BEACH, AND MONROE COUNTIES. INTERNATIONAL SERVICES: APPROXIMATELY 13,000 PATIENTS FROM 140 COUNTRIES HAVE CHOSEN BAPTIST HEALTH AS THEIR HEALTH-CARE PROVIDER. THE MULTILINGUAL REPRESENTATIVES IN BAPTIST HEALTH'S INTERNATIONAL PROGRAM ARE AVAILABLE 24 HOURS A DAY AND COORDINATE EVERY ASPECT OF PATIENT CARE. SEVERAL MEDICAL ARTS BUILDINGS ARE OPEN IN THE SERVICE AREA THAT PROVIDE IMPROVED ACCESS TO BAPTIST HEALTH'S MULTI-DISCIPLINARY CARE. THESE FACILITIES WILL PROVIDE A MULTITUDE OF SERVICES RANGING FROM PHYSICIAN OFFICES, PHYSICAL THERAPY, ENDOSCOPIES, DIAGNOSTIC IMAGING, AND URGENT CARE. SATELLITE SERVICES PROVIDED BY BAPTIST HEALTH'S CENTERS OF EXCELLENCE WILL ALSO BE INCLUDED. 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 OF MIAMI IN 1988 BY NURSES WHO WANTED TO ENCOURAGE AND RECOGNIZE INNOVATIVE PATIENT CARE, THE PROGRAM TODAY HAS EXPANDED TO BECOME THE BAPTIST HEALTH CENTER OF EXCELLENCE IN NURSING, COVERING ALL BAPTIST HEALTH HOSPITALS AND FACILITIES. SLEEP DISORDERS: PEOPLE WITH SLEEP DISORDERS CAN UNDERGO DIAGNOSTIC TESTING AT THE SLEEP DIAGNOSTIC CENTERS AT BAPTIST HOSPITAL OF MIAMI, SOUTH MIAMI HOSPITAL, HOMESTEAD HOSPITAL, AND MARINERS HOSPITAL. BAPTIST HEALTH'S FREE-STANDING OUTPATIENT SLEEP CENTERS INCLUDE BAPTIST SLEEP CENTER OF SOUTH FLORIDA, 7400 SW 87 AVENUE, MIAMI; BAPTIST SLEEP CENTER AT SUNSET, 6141 SUNSET DRIVE, SOUTH MIAMI; AND BAPTIST SLEEP CENTER AT PEMBROKE PINES, 7261 SHERIDAN STREET, HOLLYWOOD. SPECIALISTS IN NEUROLOGY, PULMONARY MEDICINE, PSYCHIATRY, UROLOGY, AND POLYSOMNOGRAPHY (SLEEP STUDIES) WORK TOGETHER TO DIAGNOSE AND TREAT SLEEP DISORDERS SUCH AS SLEEP APNEA, INSOMNIA, PERIODIC LEG MOVEMENT SYNDROME, AND NARCOLEPSY. BAPTIST OUTPATIENT SERVICES: BAPTIST OUTPATIENT SERVICES OPERATES TWENTY-ONE DIAGNOSTIC IMAGING CENTERS WHICH PROVIDE OUTPATIENT CLINICAL AND IMAGING AND DIAGNOSTIC TESTING SERVICES.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 AFFILIATED HEALTH CARE SYSTEM CONTINUED	<p> VICES THROUGHOUT MIAMI-DADE AND BROWARD COUNTIES. DURING FY2021, MORE THAN 455,598 PATIENT S WERE TREATED FOR MINOR INJURIES AND ILLNESS AT URGENT CARE CENTERS LOCATED THROUGHOUT MIAMI-DADE, BROWARD, AND PALM BEACH COUNTIES. IN ADDITION TO URGENT CARE AND DIAGNOSTIC IMAGING SERVICES, SELECT BAPTIST HEALTH MEDICAL PLAZAS PROVIDE COMMUNITY PROGRAMS, HEALTH INFORMATION, AND SUPPORT GROUPS. CONTINUING MEDICAL EDUCATION: BAPTIST HEALTH CONTINUING MEDICAL EDUCATION ("CME") PROGRAM SYMPOSIUMS TARGETED REGIONAL, NATIONAL, AND INTERNATIONAL AUDIENCES. MORE THAN 109,606 HEALTHCARE PROFESSIONALS ATTENDED MORE THAN 732 COURSES AND EARNED ALMOST 174,919 CME CREDITS . BAPTIST HEALTH IS ACCREDITED BY THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION (ACCME) TO PROVIDE CONTINUING MEDICAL EDUCATION FOR PHYSICIANS AND WAS AWARDED COMMENDATION BY THE ACME FOR THE THIRD TIME IN 2015 AS A PROVIDER OF CME FOR PHYSICIANS. THIS EXEMPLARY STATUS, ACHIEVED BY ONLY 40% OF ACCREDITED ORGANIZATIONS, REQUIRES THE CONTINUING MEDICAL EDUCATION PROVIDER TO DEMONSTRATE COMPLIANCE WITH 100% OF THE ACCREDITATION CRITERIA POSITIONING BAPTIST HEALTH'S CONTINUING MEDICAL EDUCATION PROGRAM AS A STRATEGIC PARTNER IN INSTITUTIONAL AND NATIONAL INITIATIVES TO IMPROVE HEALTHCARE QUALITY, PATIENT SAFETY AND TREATMENT OUTCOMES. HEALTH AND WELLNESS: EVERY YEAR THOUSANDS OF RESIDENTS FROM MIAMI-DADE, BROWARD, PALM BEACH, 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. IN FY2021 , 22,241 ATTENDEES VISITED COMMUNITY HEALTH PROGRAMS, 2,758 ATTENDEES VISITED COMMUNITY SUPPORT GROUPS, AND 95,160 INDIVIDUALS PARTICIPATED IN COMMUNITY EXERCISE ACTIVITIES. In accordance with the CDC's social distancing guidelines regarding close face-to-face contact with others due to the spread of COVID-19, all Community Health activities were offered to the extent possible on the virtual meeting platform, Zoom, during FY2021. COMMUNITY OUTREACH: IN ADDITION TO THE SERVICES DESCRIBED ABOVE, BAPTIST HEALTH PROVIDES FINANCIAL AND OTHER SUPPORT TO HELP UNDERWRITE THE OPERATING EXPENSES OF SEVEN COMMUNITY CLINICS: * Miami-Dade County: Camillus House, Chapman Partnership, Good News Care Center, Open Door Health Center and South Miami Children's Clinic * Monroe County: Good Health Clinic * Palm Beach County: Caridad Center 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. </p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>Schedule H, Part VI OTHER INFORMATION</p>	<p>OTHER INFORMATION HOMESTEAD HOSPITAL, INC. HAS ITS OWN GOVERNING BOARD, THE MEMBERS OF WHICH CONSIST OF REPRESENTATIVES OF THE PROFESSIONAL, PASTORAL AND BUSINESS COMMUNITIES. HOMESTEAD HOSPITAL, INC. PROVIDES MEDICAL AND SURGICAL SERVICES AND OFFERS OTHER SERVICES AND PROGRAMS INCLUDING: EMERGENCY CENTER: HOMESTEAD HOSPITAL, INC. HAS THE ONLY EMERGENCY CENTER FOR 14 MILES IN ALL DIRECTIONS AND IS OPEN 24 HOURS A DAY, SEVEN DAYS A WEEK. DURING FY2021, MORE THAN 63,480 PATIENTS WERE SEEN IN THE EMERGENCY DEPARTMENT . THE EMERGENCY CENTER INCLUDES A RAPID TREATMENT AREA FOR MINOR INJURIES AND A NINE-BED PEDIATRIC EMERGENCY UNIT. HOMESTEAD HOSPITAL, INC. AND THE EMERGENCY CENTER HAVE BEEN GRANTED CHEST PAIN CENTER ACCREDITATION. MATERNITY CARE: MORE THAN 835 BABIES WERE DELIVERED AT THE FAMILY-CENTERED MATERNITY UNIT AT HOMESTEAD HOSPITAL, INC. IN FY2021 . HOMESTEAD HOSPITAL, INC.'S MATERNITY SERVICES INCLUDE PRENATAL CARE AND CHILDBIRTH EDUCATION PROGRAMS. PEDIATRIC SERVICES: HOMESTEAD HOSPITAL, INC.'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-INJURY, CARDIAC, PEDIATRIC, CHRONIC PAIN, OPEN WOUND AND BURN PATIENTS. PHYSICAL THERAPY IS ALSO PROVIDED TO INPATIENTS FOR POSTOPERATIVE AND ACUTE CARE NEEDS. In March 2020, the outbreak of the COVID-19 pandemic began to impact BHSF's patients, communities, and business operations. The spread of COVID-19 and the ensuing response of federal, state and local authorities, beginning in March 2020, resulted in a significant reduction in the number of surgeries, physician office visits and emergency room volumes at BHSF facilities. This was due to measures meant to slow the spread of the virus, including quarantines and stay-at-home and shelter-in-place orders, as well as the community's general concerns related to the risk of contracting COVID-19. In fiscal year 2021, BHSF experienced surges in patients who tested positive for COVID-19 during the first and fourth quarters. Elective and non-emergent procedures that required overnight stays were evaluated daily based on the capacity of each BHSF facility and some circumstances resulted in postponements. Should the pandemic intensify in South Florida and the country, BHSF may experience supply chain disruptions, including delays and price increases in equipment, pharmaceuticals and medical supplies due to the pandemic. Staffing, equipment, and pharmaceutical and medical supplies shortages may impact our ability to admit and treat patients. BHSF has incurred, and may continue to incur, increased expenses arising from the COVID-19 pandemic, including additional supply chain and other expenditures. The federal government has taken several actions to provide financial assistance to healthcare providers during this pandemic. As of September 30, 2021, Homestead Hospital, Inc. has received \$28.6 million in relief distributions under the Coronavirus Aid, Relief, and Economic Security Act, as amended by the Paycheck Protection Program and Health Care Enhancement Act (collectively, the "CARES Act"). During FY2021, the Baptist Health as a system received \$136.4 million in relief distributions and recognized approximately \$166.3 million of this funding as other operating revenue. In April 2020, BHSF, on behalf of its various affiliates, submitted Medicare Accelerated/Advance Payment Programs ("APP") applications and received approximately \$297 million in advanced payments for future Medicare services recorded as contract liabilities. The Centers for Medicare & Medicaid Services ("CMS") will automatically begin recouping the Medicare Advances by offsetting against any Medicare claims submitted by BHSF twelve months from the date of initial receipt of the advance payments by BHSF. Recoupment of Medicare APP funds were approximately \$78,589,000 for the year ended September 30, 2021 .</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7f	BAD DEBT EXPENSE OF \$ 83,759,186 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 20a	No extraordinary collection activities were permitted by Homestead Hospital; therefore, notice of such actions is not applicable and Homestead Hospital was not required to make presumptive eligibility determinations.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 20d	No extraordinary collection activities were permitted by Homestead Hospital; therefore, notice of such actions is not applicable and Homestead Hospital was not required to make presumptive eligibility determinations.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a	BAPTIST HEALTH, THE HOSPITAL'S PARENT ORGANIZATION, PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT WHICH INCLUDES THE CHARITY CARE AND COMMUNITY BENEFITS PROVIDED BY Homestead Hospital, Inc. AND THE OTHER NOT-FOR-PROFIT AFFILIATES OF BHSF.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7	AMOUNTS CALCULATED AND REPORTED IN THIS TABLE WERE DERIVED FROM THE MOST ACCURATE, AVAILABLE SOURCES. CHARITY CARE AND MEANS-TESTED GOVERNMENT PROGRAMS COSTS ARE DETERMINED USING THE COST ACCOUNTING SYSTEM WHICH CAPTURES ALL INPATIENTS AND OUTPATIENTS, INCLUDING EMERGENCY ROOM PATIENTS. THE SYSTEM ALSO CAPTURES ALL PATIENT PAY TYPES - PRIVATE INSURANCE, MEDICARE, MEDICAID, UNINSURED AND SELF PAY. THE COSTS HAVE BEEN OFFSET BY ANY PAYMENTS RECEIVED FROM MEDICAID OR ANY OTHER UNCOMPENSATED CARE PROGRAM. OTHER BENEFITS AT COST WERE COMPILED BY OUR FINANCE DEPARTMENT USING THE COST ACCOUNTING SYSTEM OR THE ACTUAL AMOUNTS PAID WHERE APPROPRIATE. PART II COMMUNITY BUILDING ACTIVITIES HOMESTEAD HOSPITAL, INC. AND ITS OTHER NOT-FOR-PROFIT HOSPITAL AFFILIATES PARTNER WITH OTHER NOT-FOR-PROFIT ORGANIZATIONS IN ITS PRIMARY SERVICE AREA TO PROVIDE NEEDED SERVICES TO THE COMMUNITY. THESE SERVICES INDIRECTLY IMPROVE POOR HEALTH BY ADDRESSING UNDERLYING BASIC NEED ISSUES OF FOOD, HOUSING, SAFETY, AND ECONOMIC DEVELOPMENT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website URL	THE FAP has been made widely available on the Baptist Health website: https://baptisthealth.net/patient-resources/billing-and-financial-assistance/financial-assistance-program/financial-assistance-application

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP application form website URL	THE FAP application has been made widely available on the Baptist Health website: https://baptisthealth.net/patient-resources/billing-and-financial-assistance/financial-assistance-program/financial-assistance-application

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website URL	A PLAIN LANGUAGE SUMMARY OF THE FAP has been made widely available on the Baptist Health website: https://baptisthealth.net/patient-resources/billing-and-financial-assistance/financial-assistance-program/financial-assistance-application

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a Community benefit report prepared by related organization	BAPTIST HEALTH SOUTH FLORIDA, INC. ("BHSF"), THE HOSPITAL'S PARENT ORGANIZATION, PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT WHICH INCLUDES THE CHARITY CARE AND COMMUNITY BENEFITS PROVIDED BY HOMESTEAD HOSPITAL AND THE OTHER NOT-FOR-PROFIT AFFILIATES OF BHSF.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	83759186

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	HOMESTEAD HOSPITAL, INC. 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, INC. ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS. FOR ALL PAYOR TYPES, WHEN HOMESTEAD HOSPITAL, INC. 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, INC. RESERVES SUBSTANTIALLY ALL AMOUNTS DUE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	<p>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 has elected the practical expedient allowed under FASB ASC 606-10-32-18 and does not adjust the promised amount of consideration from patients and third-party payors for the effects of a significant financing component due to BHSF's expectation that the period between the time the service is provided to a patient and the time that the patient or a third-party payor pays for that service will be one year or less. However, BHSF in certain instances enters into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is deemed not significant to the contract. Generally, patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. BHSF also provides services to uninsured patients, and offers those uninsured patients a discount, either by policy or law, from standard charges. BHSF estimates the transaction price for patients with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts, and implicit price concessions. Subsequent changes that are determined to be the result of an adverse change in the patient's ability to pay are recorded as bad debt expense. The combined effects from changes in estimates related to the valuation of prior period accounts receivables, primarily due to favorable payment experience from patients and third-party payors, was increase in income from operations of approximately \$13,035,000 and \$35,257,000 for the fiscal years ended September 30, 2021 and 2020, respectively. FOR SCHEDULE H PURPOSES, BAD DEBT AT COST WAS CALCULATED BY APPLYING THE COST TO CHARGE PERCENTAGE DERIVED BY THE COST ACCOUNTING SYSTEM AGAINST BAD DEBT EXPENSE REPORTED ON THE AUDITED FINANCIAL STATEMENTS.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	MEDICARE COSTS WERE DERIVED USING THE 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
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	IN ORDER TO PROMOTE THE HEALTH AND WELL-BEING OF THE COMMUNITY SERVED, UNINSURED PATIENTS WITH LIMITED FINANCIAL RESOURCES WHO ARE UNABLE TO ACCESS ENTITLEMENT PROGRAMS SHALL BE ELIGIBLE FOR FREE HEALTH CARE SERVICES BASED ON ESTABLISHED CRITERIA. BHSF HAS A WRITTEN DEBT COLLECTION POLICY. NO COLLECTION EFFORTS ARE PUT FORTH FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- HOMESTEAD HOSPITAL INC: Line 16a URL: SEE PART VI;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- HOMESTEAD HOSPITAL INC: Line 16b URL: SEE PART VI;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- HOMESTEAD HOSPITAL INC: Line 16c URL: PART VI;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 2 Needs assessment</p>	<p>HOMESTEAD HOSPITAL, INC., A PART OF BAPTIST HEALTH, 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, its MISSION FOCUSES ON PROVIDING HIGH-QUALITY, COMPASSIONATE CARE TO ALL 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, Inc. 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 SPECIFIC NEEDS. THIS ASSESSMENT SERVES AS A COMPREHENSIVE TOOL TO INCREASE KNOWLEDGE ABOUT THE PEOPLE BEING SERVED AND ENHANCE THE ABILITY TO PROVIDE TOP-LEVEL HEALTHCARE TO THE ENTIRE COMMUNITY IN THE MOST EFFECTIVE MANNER. See Health Priorities in Part V, Section B, Line 5 and Line 11. The Community Health Needs Assessment and Implementation plan reports have been made widely available on the Baptist Health website. https://baptisthealth.net/about-baptist-health/fulfilling-our-mission/community-needs-assessment-and-implementation-plans IT INCLUDES A DESCRIPTION OF THE COMMUNITY SERVED, THE METHOD USED TO MAKE DETERMINATIONS, A LOOK AT THE INPUT THE HOSPITAL 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 BEING USED AS A FOUNDATION ON WHICH TO EXPAND AND PINPOINT SERVICES BASED ON THE PRIORITIES identified IN THIS REPORT. THIS IMPORTANT EXERCISE HAS HELPED Homestead Hospital, Inc. BETTER UNDERSTAND its 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 THE HOSPITAL STRIVES TO IMPROVE THROUGH EDUCATIONAL AND PREVENTIVE MEASURES, INNOVATIVE PARTNERSHIPS, HIGH-QUALITY CARE AND BY BEING A GOOD CORPORATE CITIZEN. THE 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.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	<p>FINANCIAL ASSISTANCE INFORMATION IS PROVIDED IN MULTIPLE LOCATIONS. PATIENT REGISTRATION PROVIDES ALL PATIENTS A ONE-PAGE INFORMATION HANDOUT regarding THE AVAILABILITY OF FINANCIAL ASSISTANCE. This helps to create AWARENESS OF THE CHARITY CARE PROGRAM. PATIENT REGISTRATION ALSO PROVIDES INFORMATION REGARDING BAPTIST HEALTH'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 THE CHARITY CARE PROGRAM AND QUALIFYING FOR FINANCIAL ASSISTANCE APPEARS ON THE WEBSITE AT BAPTISTHEALTH.NET.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	<p>According to the U.S. Census Bureau, the 2018 population estimate for Miami-Dade County was 2,761,581. The estimated population for Homestead Hospital's service area is 184,676. The Homestead Hospital designated service area consists of six (6) ZIP codes in Miami-Dade County. The geographical area includes neighborhoods of Homestead, Redlands, and Florida City. The service area population by race is 89 percent White, 7 percent Black or African American, 2 percent Asian, and 2 percent other. This area in Miami-Dade County is 63.9 percent Hispanic or Latino. The median household income for the service area is \$43,215 for Homestead and \$34,545 for Florida City, both below Miami-Dade's median household income of \$46,338. Approximately 43.1 percent of individuals in the service area are below 200 percent of the poverty level. The service area population age distribution is made up of 39 percent of the population under 24 years old, 37 percent between 25-49 years old, 15 percent between 50-64 years old, and 9 percent 65 and older.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>IN FURTHERANCE OF ITS EXEMPT PURPOSE TO PROVIDE HEALTHCARE TO IMPROVE THE HEALTH AND WELL-BEING OF INDIVIDUALS, AND TO PROMOTE THE SANCTITY AND PRESERVATION OF LIFE IN THE COMMUNITY IT SERVES, HOMESTEAD HOSPITAL, INC. OPERATES A 147-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, INC. ADMITTED APPROXIMATELY 7,225 INPATIENTS IN FY2021, AND MORE THAN 63,480 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, INC. 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, INC. WAS OPENED AT ITS CURRENT LOCATION, AND IN JULY 2008 AN ADDITIONAL 22 BEDS WERE ADDED. ALL 147 LICENSED BEDS ARE IN PRIVATE CONFIGURATION, INCLUDING 16 POST-PARTUM BEDS, 9 PEDIATRIC BEDS, 16 CRITICAL AND INTERMEDIATE CARE BEDS, AND 83 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.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<p>SCHEDULE H - AFFILIATED HEALTH CARE SYSTEM THE BAPTIST HEALTH SYSTEM PROVIDES A COMPREHENSIVE CONTINUUM OF SERVICES, EITHER THROUGH ITS OWN PROGRAMS OR IN COOPERATION WITH OTHER AFFILIATED HOSPITALS AND HEALTH CARE PROVIDERS. BAPTIST HEALTH'S CARE PROGRAMS AND SERVICES INCLUDE THE FOLLOWING: MIAMI CARDIAC & VASCULAR INSTITUTE: MIAMI CARDIAC & VASCULAR INSTITUTE ("MCVI") IS THE LARGEST AND MOST COMPREHENSIVE CARDIOVASCULAR FACILITY IN THE REGION. PATIENTS CAN EXPERIENCE CONSISTENT, EXCEPTIONAL, EVIDENCE-BASED CARE AT INSTITUTE LOCATIONS THROUGHOUT BAPTIST HEALTH. MCVI'S TEAM OF MULTILINGUAL, MULTIDISCIPLINARY SPECIALISTS HAVE PIONEERED THE DEVELOPMENT OF TECHNOLOGY USED TO TREAT ANEURYSMS, BLOCKAGES IN VEINS AND ARTERIES AND HOLES IN THE HEART. MCVI PARTICIPATES IN CLINICAL RESEARCH STUDIES AND OFFERS THE MOST MINIMALLY INVASIVE OPTIONS WHENEVER POSSIBLE. MCVI ALSO OFFERS PERSONALIZED EDUCATION AND REHABILITATION SERVICES TO HELP MANAGE EXISTING CONDITIONS AND TO PREVENT CARDIOVASCULAR DISEASE. MCVI ADHERES TO QUALITY STANDARDS ESTABLISHED BY THE AMERICAN COLLEGE OF RADIOLOGY, SOCIETY OF INTERVENTIONAL RADIOLOGY, AMERICAN COLLEGE OF RADIOLOGY, SOCIETY FOR VASCULAR SURGERY AND SOCIETY OF THORACIC SURGERY. MCVI WAS ESTABLISHED IN 1987 UNDER THE LEADERSHIP OF BARRY T. KATZEN, M.D. DR. KATZEN IS THE RECIPIENT OF THE CARDIOVASCULAR AND RADIOLOGICAL SOCIETY OF EUROPE'S GOLD MEDAL AWARD FOR HIS GROUNDBREAKING WORK IN INTERVENTIONAL RADIOLOGY, INCLUDING THE USE OF STENTS FOR PROPPING OPEN MAJOR BLOOD VESSELS OUTSIDE THE HEART. DR. KATZEN HAS THE DISTINCTION OF BEING THE FIRST AMERICAN TO EARN THE CARDIOVASCULAR AND RADIOLOGICAL SOCIETY OF EUROPE'S TOP HONOR. MCVI HAS MORE THAN 100 PHYSICIANS WHO REPRESENT MORE THAN 15 SPECIALTIES AND HAVE MET STRINGENT REQUIREMENTS FOR ONGOING MEDICAL EDUCATION, TRAINING, AND RESEARCH. MCVI ALSO EMPLOYS MORE THAN 800 NURSES, TECHNOLOGISTS, AND OTHER ALLIED HEALTH PROFESSIONALS. EACH YEAR, MCVI HOSTS THE INTERNATIONAL SYMPOSIUM ON ENDOVASCULAR THERAPY, WITH MORE THAN 800 CARDIAC AND VASCULAR SPECIALISTS IN ATTENDANCE. MCVI IS MANAGED BY MIAMI CARDIAC & VASCULAR INSTITUTE MANAGEMENT COMPANY, LLC, A FLORIDA LIMITED LIABILITY CORPORATION. BAPTIST HEALTH SOUTH FLORIDA, INC. HAS A 50% INTEREST IN MIAMI CARDIAC & VASCULAR INSTITUTE MANAGEMENT COMPANY, LLC, WHICH WAS FORMED TO PROVIDE MANAGEMENT SERVICES TO MCVI IN ORDER TO IMPROVE CLINICAL PERFORMANCE AND ACHIEVE OPERATIONAL EFFICIENCY. MIAMI CANCER INSTITUTE'S CANCER SERVICES: MIAMI CANCER INSTITUTE OFFICIALLY OPENED ITS DOORS IN JANUARY 2017. THE \$430 MILLION, 445,000-SQUARE-FOOT FACILITY IS PART OF BAPTIST HEALTH. MIAMI CANCER INSTITUTE 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 COMMUNITY PROVIDERS TOWARD STATE-OF-THE-ART CANCER CARE. MIAMI CANCER INSTITUTE FEATURES A UNIQUE, 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, CONSOLIDATES 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 ONCOLOGY PROGRAMS IN THE WORLD, INCLUDING SOUTH FLORIDA'S FIRST PROTON THERAPY CENTER, ONE OF UNDER TWO DOZEN PROTON THERAPY CENTERS IN THE NATION. THE PRECISION 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 OUTSIDE THE UNITED STATES, AS WELL AS 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 2019 AND HAS BEEN AN ESSENTIAL COMPONENT TO SERVING OUT-OF-TOWN PATIENTS AND GUESTS VISITING THE CANCER INSTITUTE, AS WELL AS THOSE WHO COME TO THE AREA FOR OTHER TYPES OF CARE. OUR CANCER SPECIALISTS AND OTHER HEALTH CARE PROFESSIONALS WORK WITH PATIENTS IN A VARIETY OF SETTINGS, INCLUDING AN INTENSIVE CARE UNIT AND SPECIALIZED CANCER SETTINGS FOR INPATIENT AND OUTPATIENT TREATMENTS. BAPTIST HOSPITAL OF MIAMI, BAPTIST CHILDREN'S HOSPITAL, AND SOUTH MIAMI HOSPITAL ARE ACCREDITED WITH COMMENDATION BY THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER. MIAMI ORTHOPEDICS & SPORTS MEDICINE INSTITUTE: MIAMI ORTHOPEDICS & SPORTS MEDICINE INSTITUTE ("MOSMI") IS COMPRISED OF BOARD-CERTIFIED, FELLOWSHIP-TRAINED ORTHOPEDIC PHYSICIANS WHO ARE RECOGNIZED LOCALLY, NATIONALLY, AND INTERNATIONALLY AS LEADERS IN ORTHOPEDICS AND THE CARE OF ATHLETES AND TREATMENT OF SPORTS INJURIES. MOSMI COMBINES ITS RESOURCES OF EXPERIENCED PHYSICIANS AND LEADING-EDGE TREATMENTS AND TECHNOLOGY TO PROVIDE ADVANCED ORTHOPEDIC, PEDIATRIC ORTHOPEDIC AND SPORTS MEDICINE CARE AT SIX BAPTIST HEALTH LOCATIONS - DOCTORS HOSPITAL, BAPTIST HOSPITAL OF MIAMI, BAPTIST CHILDREN'S</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	HOSPITAL, SOUTH MIAMI HOSPITAL, WEST KENDALL BAPTIST HOSPITAL, AND BAPTIST HEALTH MEDICAL PLAZA IN DAVIE. THE INSTITUTE'S EXPERIENCED PHYSICIANS TREAT PROFESSIONAL AND OLYMPIC ATHLETES FROM AROUND THE COUNTRY, THE CARIBBEAN AND LATIN AMERICA, AS WELL AS RECREATIONAL ATHLETES AND NON-ATHLETES FROM SOUTH FLORIDA. MOSMI PROVIDES SPORTS MEDICINE SERVICES FOR THE MIAMI DOLPHINS, MIAMI HEAT, FLORIDA PANTHERS, FLORIDA INTERNATIONAL UNIVERSITY ATHLETICS, ORANGE BOWL, MIAMI-DADE COUNTY PUBLIC SCHOOLS ATHLETICS, MIAMI OPEN TENNIS AND MIAMI MARATHON AND HALF MARATHON.

Additional Data**Software ID:** 20011424**Software Version:** 2020v4.0**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		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			

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
Schedule H, Part V, Section B, Line 5 Facility , 1	<p>Facility , 1 - HOMESTEAD HOSPITAL. For its FY2019 Community Health Needs Assessment ("CHNA"), Baptist Health South Florida, Inc. and its affiliates ("Baptist Health" or "BHSF") conducted the assessment of the Homestead Hospital South Dade community. The designated service area for Homestead Hospital consists of six (6) Zip Codes in Miami-Dade County. FOCUS GROUPS: Homestead Hospital hosted two (2) focus groups in order to gather key internal and external stakeholder feedback. Internal stakeholders included various members of hospital leadership, representatives from case management, nursing, community relations, and physicians. External stakeholders included community first responders, clergy leaders, local government, patients, and representatives from various community based organizations. Stakeholders were presented with various levels of public health data, encompassing national, state, county, and zip code specific data, when available. Focus group participants were asked to consider this data and personal/professional perspective during the qualitative question and answer portion of the focus group session. Some topics addressed were: What are the greatest health challenges our communities are facing? Explain potential challenges to improving health outcomes and how the Homestead Hospital can provide support in improving health outcomes. In addition to the in-person focus groups, an online survey was administered to organizations that were unable to attend the in-person focus group sessions. This ten (10) question survey provided an additional avenue to receive feedback from community stakeholders. Homestead Hospital Focus group insights: The focus group participants discussed the topics of access to care, primary care affordability, behavioral health, and socioeconomic challenges facing the South Dade community. The community struggles with accessing care and health-related resources like healthy foods. Residents of South Dade often struggle to find resources to aid in the prevention of substance abuse and care for drug overdoses, both of which are necessary behavioral health services. There is a lack of health literacy and knowledge of self-care, which is difficult to alleviate due to the scarcity in available primary care resources. Social determinants of health, such as income, education and neighborhood affect residents' access to insurance and healthcare, which subsequently affects an individual's health status. Another topic discussed at length was the impact that the lack of Medicaid expansion has had on some individuals with limited healthcare options. Opportunities to improve the health of our community discussed by the focus groups emphasized expanding or creating more outpatient indigent clinics focused on disease prevention to alleviate the use of emergency departments. Members identified opportunities in expanding community education through partnerships with churches and schools.</p>

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
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - HOMESTEAD HOSPITAL. For its FY2019 CHNA, Baptist Health conducted the assessment for Homestead Hospital. In order to ensure broad community input, Baptist Health utilized the existing CHNA Steering Committee composed of 22 representatives, including hospital representatives, with experience in assessing healthcare needs to organize the Homestead Hospital CHNA approach. The report considers the latest government and public statistics, hospital data and feedback from the various focus groups and surveys.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>Facility , 1 - HOMESTEAD HOSPITAL. HOMESTEAD HOSPITAL CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT IN FY2019 TO BETTER UNDERSTAND THE HEALTHCARE NEEDS OF THE COMMUNITY IT SERVES IN SOUTHERN MIAMI-DADE COUNTY. AS A RESULT, THE FOLLOWING FIVE PRIORITY AREAS WERE IDENTIFIED: * ACCESS TO CARE * AVAILABILITY OF PRIMARY CARE AND PREVENTION * BEHAVIORAL HEALTH * SOCIOECONOMIC CHALLENGES * HEALTHY LIFESTYLES AND WELLNESS THE WRITTEN IMPLEMENTATION PLAN ADDRESSES EACH OF THESE FIVE PRIORITY AREAS, WITH STRATEGIES ORGANIZED AROUND EACH PRIORITY AREA. Access to care * Baptist Health contributed \$2.186 million in cash to community clinics for the uninsured and \$32,889 in foregone rent. Homestead Hospital contributed \$212,479 in pharmaceutical support to the Open Door Health Center. Baptist Health provides funding to support operations for seven (7) community clinics: - Monroe County: Good Health Clinic - Miami-Dade County: Camillus House, Chapman Partnership, Good News Care Center, Open Door Health Center and South Miami Children's Clinic - Palm Beach County: Caridad Center Although Homestead Hospital does not directly provide cash contributions to these organizations, Baptist Health as a system provides support to directly impact the Homestead Hospital community and the communities of Monroe, Miami-Dade, and Palm Beach counties. * Homestead Hospital had a total of 1,224 clinic patient encounters at a total cost of \$474,982. * Baptist Health provided \$28.663 million in direct support to community physicians for medical care to treat uninsured patients. Although Homestead Hospital does not directly provide support to community physicians, Baptist Health as a system provides support to directly impact the Homestead Hospital community and the communities of Monroe and Miami-Dade counties. * Homestead Hospital provided \$18.013 million in charity care to 3,059 unique individuals through 5,516 total patient encounters and contributed \$474,640 in pharmaceutical support to charity patients. * Homestead Hospital provided outpatient dialysis, transportation, and other medical equipment payments for unfunded patients totaling \$931,423. * A Medicaid shortfall of \$30.7 million, resulting from 21,187 cases, was incurred at Homestead Hospital during FY2021. * Care On Demand (COD) is Baptist Health's telehealth platform and digital front door to access the system. Service is now available for multiple specialties to treat our patients' needs. The platform provided 9,226 virtual urgent care visits, of those visits 8,898 were free of charge. In addition to urgent care visits, Baptist Health offered specialty visits on the COD platform, including: 398 visits for Baptist Health Primary Care, 240 for Cancer Care (Miami Cancer Institute and Lynn Cancer Institute), 280 for Therapy Services, and 292 other COD specialty visits. Although Homestead Hospital does not directly provide telehealth support via COD, Baptist Health as a system provides support to directly impact the Homestead</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>ead Hospital community and the communities of Monroe, Miami-Dade, Broward, and Palm Beach counties. * Baptist Health contributed \$145,000 to Catalyst Miami, through the Community Benefit department, to assist clients with SNAP (food stamps), Medicaid, financial coaching, Children's Health Insurance Program (CHIP), tax preparation, and SSI/Disability linkage. In FY2021, Catalyst Miami supported healthcare navigation to residents throughout Homestead, Florida City and the greater South Dade community. Although Homestead Hospital does not directly provide cash contributions to Catalyst Miami, Baptist Health as a system provides support to directly impact the communities of Miami-Dade County. * Baptist Health contributed \$35,000 to Miami Lighthouse for the Blind and Visually Impaired, through the Community Benefit department, to support the Florida Heiken Children's Vision Program that addresses the unmet need for vision correction of disadvantaged school children in South Dade. In FY2021, Miami Lighthouse for the Blind and Visually Impaired supported 851 dilated eye exams, distributed 515 pairs of eyeglasses, and referred 67 patients to specialists. Although Homestead Hospital does not directly provide cash contributions to Miami Lighthouse for the Blind and Visually Impaired, Baptist Health as a system provides support to directly impact the communities of South Dade. Availability of Primary Care and Prevention * Baptist Health primary care has 13 offices serving Miami-Dade County. Although Homestead Hospital does not directly provide primary care to the community, Baptist Health Primary Care provides primary care services to directly impact the Homestead Hospital and the communities of Monroe, Miami-Dade, Broward, and Palm Beach counties. * Baptist Health provides continuing medical education (CME) in support of its primary care providers and allied health professionals through its accredited program. Baptist Health continues to fund and support continuing medical education activities. It offered 732 conferences with 109,606 health professionals in attendance. In FY2021, 3,552 possible credits were offered. A total of 174,919 CME/CE credits were awarded as a result of participants completing more than one activity. Although Homestead Hospital does not provide CMEs directly to community physicians and health professionals, Baptist Health provides CMEs to directly impact the Homestead Hospital community and the communities of Monroe, Miami-Dade, Broward, and Palm Beach counties. * In FY2021, Baptist Outpatient Services administered 2,548 flu vaccines to residents of Miami-Dade and Broward counties, as part of the free flu vaccination campaign. Baptist Health also partnered with Camillus Health Concern Light of the World Clinic, Good News Care Center, South Miami Children's Clinic, St. John Bosco Clinic, Open Door Health Center, and other community partners to provide over 2,260 flu vaccine doses to community clinic patients. Although Homestead Hospital</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>al does not provide free flu vaccinations directly to the community, Baptist Health and Baptist Outpatient Services provide free flu vaccinations to directly impact the Homestead Hospital community and the communities of Miami-Dade and Broward counties . * Baptist Outpatient Services offered a total of 15,643 discounted calcium scoring & lung screening, mammogram, and breast ultrasound imaging exams to those who were uninsured in the community. Although Homestead Hospital does not provide discounted imaging exams directly to the community, Baptist Health and Baptist Outpatient Services provide discounted imaging exams to directly impact the Homestead Hospital community and the communities of Miami-Dade and Broward counties. * In FY2021, Baptist Health committed \$733,000 to support community organizations in their COVID-19 vaccine efforts. Through these contributions, Baptist Health supported the distribution of more than 9,000 first dose COVID-19 vaccines and nearly 4,000 second doses in over 200 community vaccination events throughout Monroe, Miami-Dade, Broward, and Palm Beach Counties. Additionally, Baptist Health supported various non-profit organizations in the efforts to increase vaccine confidence among South Florida residents, by way of COVID-19 vaccine information campaigns via radio spots, television ads, and grassroots marketing campaigns. Community partners included: Banyan Health Systems Bridge to Hope Caridad Center Cleveland Clinic Community Health of South Florida, Inc. Florida International University Health Foundation of South Florida Hispanic Unity of Florida Mexican American Council Santa La The College of the Florida Keys YMCA of South Florida YWCA South Florida Although Homestead Hospital did not provide funding to support COVID-19 vaccine community distribution and information campaigns directly, Baptist Health as a system provides support to directly impact the Homestead Hospital community and the communities of Monroe, Miami-Dade, Broward, and Palm Beach counties.</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	<p>Facility , 2 - HOMESTEAD HOSPITAL, CONT.. Behavioral Health *Twenty-six (26) Behavioral Health support groups were offered that hosted a total of 2,758 participants throughout the Baptist Health system. *Baptist Health is committed to improving the health and wellness of the community. The Community Health department offers free behavioral health education, focusing on topics such as stress management, mindfulness, meditation and various mental health issues. In accordance with the CDC's social distancing guidelines about limiting close face-to-face contact with others to reduce the spread of COVID-19, all Community Health education classes were offered on the virtual meeting platform, Zoom, throughout FY2021. These health programs and workshops are offered to the community-at-large and to smaller, restricted groups, in partnership with a community organization, or other media outlets, like Baptist Health Resource Blogs, Instagram Live programs, Continuing Medical Education seminars, and articles for websites such as Healthline. In FY2021, the Community Health department offered 314 behavioral health-focused classes to the community-at-large. *Postpartum depression, a severe condition associated with a number of risk factors, affects women differently and at different points during the postpartum period. Baptist Hospital of Miami, South Miami Hospital, West Kendall Baptist Hospital, Homestead Hospital, Bethesda Hospital East, and Boca Raton Regional Hospital have standardized that all new mothers in their labor and delivery departments receive a postpartum depression screening prior to discharge. Patients who score high on the Edinburgh Postnatal Depression Scale are referred to the Social Work department for evaluation and the patient's primary obstetrician is notified for further evaluation. *The Baker Act is a Florida law that enables families and loved ones to provide emergency mental health services and temporary detention for people who are impaired because of their mental illness, and who are unable to determine their needs for treatment. In partnership with Banyan Health Systems, 78 percent of the patients in need of Baker Act transfers from a Baptist Health Miami-Dade County entity to a federally qualified receiving facility were placed within four hours of being admitted to the emergency department. Baptist Health's Miami-Dade County entities were able to coordinate the referral of 1,077 Baker Act patients to behavioral health providers in the community, of which 843 were transferred within 4 hours. *Baptist Health has been able to establish behavioral health partnerships to help support our communities through community benefit support. In FY 2021, Baptist Health contributed \$528,000 to support our partners. These organizations provide psychiatric assessments, free outpatient counseling, bereavement support groups, inpatient substance use treatment and free/low-cost medications for Baptist Health's patients and our community's members.</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	<p>- Monroe County: 211 Miami-Dade and Monroe, Florida Keys Children's Shelter, and Island Dolphin Care - Miami-Dade County: 211 Miami-Dade and Monroe, Agape Network, Children's Bereavement Center, New Hope Corps, and Sofia's Hope. - Broward County: 211 Broward and Eagles Haven - Palm Beach County: Faulk Center for Counseling Although Homestead Hospital does not directly provide cash contributions to these organizations, Baptist Health as a system provides support to directly impact the Homestead Hospital community and the communities of Monroe, Miami-Dade, Broward, and Palm Beach counties. *Psychotherapists have continued collaboration with Baptist Health Primary Care physicians in supporting their Empowerment Program for depression patients. Although Homestead Hospital does not directly offer the Empowerment Program, Baptist Health Primary Care provides this program as a resource to the primary care patients in Miami-Dade County. *In FY2021, Baptist Health provided a total of 1,251 behavioral health visits on Care-On-Demand to the community, 1,056 of these services were provided to Miami-Dade County residents. Although Homestead Hospital does not directly provide behavioral health support via tele-health, Baptist Health as a system provides support to directly impact the Homestead Hospital community and the communities of Monroe, Miami-Dade, Broward, and Palm Beach counties. *Pastoral care services and Palliative Care for Baptist Health totaled \$218,749 and \$3.830 million, respectively. Although Homestead Hospital does not directly provide pastoral care services and palliative care, Baptist Health as a system provides support to directly impact Homestead Hospital and the other Baptist Health entities. *Baptist Health has implemented a depression-screening questionnaire in our primary care practices for all patients. Patients who screen positive will be further evaluated to inform treatment planning. Homestead Hospital has implemented the Columbia Suicide Severity Rating Scale (C-SSRS) in the hospital's emergency department. The C-SSRS is a measure used to identify and assess individuals at risk for suicide. Providers should use the scale as a measure of suicidal ideation, intent or plan, and past suicidal behavior. This scale is used to guide appropriate therapeutic intervention and to facilitate safety monitoring and planning. Baptist Health has implemented the C-SSRS at all of its entities across the system. Socioeconomic Challenges *Housing insecurities - Baptist Health, through its partnership with Habitat for Humanity, contributed to housing projects in Monroe, Miami-Dade and Palm Beach counties. Specifically, contributions were made to help sponsor the Villas in Boynton Beach, FL; five houses in Miami-Dade County, and to construct a 4 Unit project at MM87.7 on Plantation Key, and a 16 Unit project on Windley Key in Monroe County. In addition to employee volunteer hours, Baptist Health contributed \$265,000. Although Homestead Hospital does not</p>

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
<p>Schedule H, Part V, Section B, Line 11 Facility , 2</p>	<p>ot directly provide cash contributions to these organizations, Baptist Health as a system provides support to directly impact the Homestead Hospital community and the communities o f Monroe, Miami-Dade, and Palm Beach counties. Healthy Lifestyles and Wellness *Fifteen ch ronic disease management support groups were offered throughout Baptist Health and hosted a total 1,248 participants. *Baptist Health is committed to improving the health and welln ess of the community. The Community Health department offers free chronic disease manageeme nt education, focusing on topics such as diabetes management, nutrition, heart health, and other chronic disease issues. In accordance with the CDC's social distancing guidelines a bout limiting close face-to-face contact with others to reduce the spread of COVID-19, all Community Health education classes were offered on the virtual meeting platform, Zoom, th roughout FY2021. The Community Health department offered CDC fully-recognized Diabetes Pre vention Program, Beat Diabetes: Take Control, free-of-charge to 20 community participants. Due to COVID-19 restrictions, the program cohort met from January - December 2021, virtua lly via Zoom. The lifestyle change program provided weekly and monthly sessions over the c ourse of the 12-month program, with the ultimate goal of participants reducing their start ing weight by 5-7% by the culmination of the program. The cohort lost an average of 5.23% of their starting weight. A second program was launched August 2021 with a total of 14 par ticipants. *The Community Health department offered free exercise classes, health screenin gs and health education programs to the community-at-large. Due to COVID-19, in-person pro gramming was suspended on March 16, 2020 and all programming was offered via the Zoom plat form. The Community Health department hosted 1,813 exercise classes for a total of 87,963 exercise encounters and 715 programs - many focused on healthy eating and nutrition - to 2 1,223 participants. Although Homestead Hospital does not directly provide community health exercise classes or health screenings, Baptist Health community health department provide s support to directly impact the Homestead Hospital community and the communities of Monro e, Miami-Dade, Broward, and Palm Beach counties. *Homestead Hospital pioneered the Grow2He al (G2H) Garden in 2014 to help educate the community about nutrition and disease preventi on. In FY2021, G2H staff participated in various community events, education programs, stu dent field trips, and harvested produce. Homestead Hospital G2H participation efforts incl uded one local event, six virtual education programs, hosting 67 interns and volunteers, d onating seven produce boxes, and harvesting over 1,400 lbs. of produce.</p>

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2020
Open to Public Inspection

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.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization Homestead Hospital Inc	Employer identification number 65-0232993
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on 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 on 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.		
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> 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	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?	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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" 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 Former CEO	(i)	0	0	0	0	0	0	0
	(ii)	515,480	384,237	72,543	133,160	32,758	1,138,178	82,441
2 Kenneth Spell CEO	(i)	375,436	241,386	15,085	100,046	22,097	754,050	21,423
	(ii)	0	0	0	0	0	0	0
3 Ana Cabrera VP	(i)	175,834	58,634	11,799	11,684	31,417	289,368	0
	(ii)	0	0	0	0	0	0	0
4 Nancy Gordon VP & CNO - End 4/2020	(i)	56,396	60,866	73,476	1,594	5,873	198,205	8,325
	(ii)	0	0	0	0	0	0	0
5 Marie-Elsie Ade Pharmacy Director	(i)	177,638	37,321	15,217	4,678	15,039	249,892	0
	(ii)	0	0	0	0	0	0	0
6 Ann Allen AVP Nursing	(i)	155,680	48,393	18,410	4,541	21,065	248,089	0
	(ii)	0	0	0	0	0	0	0
7 Karl W Cetta AVP Strategic Projects	(i)	157,688	40,222	7,829	4,229	19,756	229,725	0
	(ii)	0	0	0	0	0	0	0
8 Kurt Kadel AVP Hospital Administration	(i)	146,500	39,734	39,344	4,539	20,716	250,834	0
	(ii)	0	0	0	0	0	0	0
9 Charles Anderson Augustus II CMO	(i)	275,884	22,374	8,882	5,500	21,216	333,856	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	THE CEO OF HOMESTEAD HOSPITAL IS COMPENSATED BY 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 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, AND PERSONAL SERVICES (SUCH AS MAID, CHAUFFEUR, CHEF, LANDSCAPER) ARE NOT PROVIDED (OR REIMBURSED) TO BAPTIST HEALTH EXECUTIVES.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	AS PART OF THE BHSF 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 Non-fixed payments	KEY EXECUTIVES WHO CONTROL SIGNIFICANT ASSETS OR WHO HAVE A MAJOR IMPACT ON OPERATIONS MAY EARN INCENTIVE PAY, CAPPED AT A PRE-DETERMINED PERCENTAGE OF THE EXECUTIVE'S BASE SALARY. THE PURPOSE OF INCENTIVE PAY IS TO FOCUS EXECUTIVE ACTION ON KEY "PERFORMANCE THRESHOLDS" AND CORPORATE GOALS THAT ARE APPROVED BY THE BOARD'S COMPENSATION COMMITTEE. THE ACHIEVEMENT OF THESE GOALS REQUIRES EXTRAORDINARY EFFORT, COMMITMENT AND ACHIEVEMENT. THE INCENTIVE COMPONENT OF THE EXECUTIVE'S TOTAL COMPENSATION IS VARIABLE AND TOTALLY AT RISK, DEPENDING UPON THE ACHIEVEMENT OF THE AGREED-UPON GOALS.
Schedule J, Part 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.

Additional Data

Software ID: 20011424
Software Version: 2020v4.0
EIN: 65-0232993
Name: Homestead Hospital Inc

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 William M Duquette Former CEO	(i)	0	0	0	0	0	0	0
	(ii)	515,480	384,237	72,543	133,160	32,758	1,138,178	82,441
1 Kenneth Spell CEO	(i)	375,436	241,386	15,085	100,046	22,097	754,050	21,423
	(ii)	0	0	0	0	0	0	0
2 Ana Cabrera VP	(i)	175,834	58,634	11,799	11,684	31,417	289,368	0
	(ii)	0	0	0	0	0	0	0
3 Nancy Gordon VP & CNO - End 4/2020	(i)	56,396	60,866	73,476	1,594	5,873	198,205	8,325
	(ii)	0	0	0	0	0	0	0
4 Marie-Elsie Ade Pharmacy Director	(i)	177,638	37,321	15,217	4,678	15,039	249,892	0
	(ii)	0	0	0	0	0	0	0
5 Ann Allen AVP Nursing	(i)	155,680	48,393	18,410	4,541	21,065	248,089	0
	(ii)	0	0	0	0	0	0	0
6 Karl W Cetta AVP Strategic Projects	(i)	157,688	40,222	7,829	4,229	19,756	229,725	0
	(ii)	0	0	0	0	0	0	0
7 Kurt Kadel AVP Hospital Administration	(i)	146,500	39,734	39,344	4,539	20,716	250,834	0
	(ii)	0	0	0	0	0	0	0
8 Charles Anderson Augustus II CMO	(i)	275,884	22,374	8,882	5,500	21,216	333,856	0
	(ii)	0	0	0	0	0	0	0

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	46,047	EMPLOYEE		No

Part V Supplemental Information

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

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)**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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020**Open to Public Inspection**

Department of the Treasury

Name of the organization

Homestead Hospital Inc

Employer identification number

65-0232993

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1 ORGANIZATION'S MISSION	As part of the Baptist Health network, THE MISSION OF Homestead Hospital, Inc. 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 PROGRAM ACCOMPLISHMENTS	<p>CONSISTENT WITH Baptist Health's SPIRITUAL FOUNDATION, Homestead Hospital, Inc. IS DEDICATED TO PROVIDING HIGH-QUALITY, COST-EFFECTIVE, COMPASSIONATE HEALTHCARE SERVICES TO ALL, INCLUDING, AS PERMITTED BY OUR RESOURCES, CHARITY CARE TO THOSE IN NEED. DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2021, BAPTIST HEALTH PROVIDED PATIENT SERVICES TO THE SOUTH FLORIDA AREA WITH 99,464 ADULT ADMISSIONS, 572,443 PATIENT DAYS, AND 441,082 EMERGENCY ROOM VISITS. DURING THAT SAME TIME PERIOD, URGENT CARE VISITS TOTALED 455,598, OUTPATIENT SURGERY CASES totaled 106,991, AND TOTAL OUTPATIENT VISITS WERE 1,954,194 SYSTEM-WIDE. AS OF SEPTEMBER 30, 2021, THE SYSTEM HAD 2,793 LICENSED INPATIENT BEDS COMPRISED OF 2,608 ACUTE CARE BEDS. IN TOTAL, BAPTIST HEALTH PROVIDED MORE THAN \$403,000,000 IN COMMUNITY BENEFIT DURING FY2021. WE PROVIDED CHARITY CARE VALUED AT \$102,486,347 AS WELL AS \$210,913,175 IN UNCOMPENSATED SERVICES. THE ESTIMATED COST OF PROVIDING CHARITY SERVICES AND UNCOMPENSATED SERVICES IS BASED ON RECENT HISTORICAL COST-TO-CHARGE RATIOS FOR CHARITY PATIENTS AND MEDICAID PATIENTS FROM BAPTIST HEALTH'S COST ACCOUNTING SYSTEM, APPLIED TO THE CURRENT PERIOD GROSS UNCOMPENSATED CHARGES ASSOCIATED WITH PROVIDING CARE TO CHARITY AND MEDICAID PATIENTS. BAPTIST HEALTH ALSO CONTRIBUTED \$42,737,290 TO THE INDIGENT CARE FUND AND EXPENDED \$6,306,604 FOR EDUCATIONAL PROGRAMS, SCREENINGS, CORPORATE SPONSORSHIPS AND DONATIONS. FREE COMMUNITY HEALTH AND WELLNESS PROGRAMS COVERED TOPICS RANGING FROM INSOMNIA AND FOOD SAFETY TO DIABETES AND WEIGHT CONTROL. IN ADDITION, BAPTIST HEALTH PROVIDED FREE SCREENINGS FOR CHOLESTEROL, BLOOD PRESSURE, BODY COMPOSITION AND OSTEOPOROSIS. BAPTIST HEALTH ALSO HELPED THOSE IN NEED OF PRIMARY CARE SERVICES BY DONATING APPROXIMATELY \$2,136,000 TO NEIGHBORHOOD NOT-FOR-PROFIT CLINICS, including: THE GOOD NEWS CARE CENTER IN FLORIDA CITY, OPEN DOOR HEALTH CENTER IN HOMESTEAD, THE GOOD HEALTH CLINIC IN TAVERNIER, THE CARIDAD CENTER IN BOYNTON BEACH, THE SOUTH MIAMI CHILDREN'S CLINIC IN SOUTH MIAMI, AND CARING FOR Miami Mobile Dental Clinical. BAPTIST HEALTH SPENT \$28,663,102 PAYING PHYSICIANS WHO PROVIDE CARE TO OUR COMMUNITY MEMBERS IN NEED. ADDITIONALLY, WE PROVIDED \$6,306,604 IN CONTINUING MEDICAL EDUCATION, \$4,048,753 IN PALLIATIVE CARE AND CHAPLAINCY CARE, AND \$733,067 IN COVID VACCINATION EFFORTS DURING FY2021. BAPTIST HEALTH FULFILLS ITS MISSION TO PROVIDE COMPASSIONATE CARE NOT ONLY BY PROVIDING ASSISTANCE TO THOSE IN FINANCIAL NEED, BUT ALSO BY SUPPORTING SERVICES THAT INCUR OPERATING LOSSES THAT ARE ESSENTIAL TO THE COMMUNITY. IN ADDITION TO THE HEALTH-RELATED BENEFITS LISTED ABOVE, BAPTIST HEALTH ALSO HAS A SIGNIFICANT AND POSITIVE FINANCIAL IMPACT ON OUR COMMUNITY. AS OF FY2021, BAPTIST HEALTH EMPLOYED MORE THAN 23,000 INDIVIDUALS. AS SOUTH FLORIDA'S LARGEST PRIVATE EMPLOYER, BAPTIST HEALTH IS TAKING A LEADERSHIP ROLE BY COMMITTING TO THE ENVIRONMENTALLY RESPONSIBLE, ENERGY-EFFICIENT DESIGN AND FUNCTION OF OUR FACILITIES. THIS COMMITMENT</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a PROGRAM ACCOMPLISHMENTS	TMENT APPLIES TO OUR DAY-TO-DAY OPERATIONS, AS WELL, FROM THE SUPPLIES WE PURCHASE TO THE VEHICLES WE USE. IN ACCORDANCE WITH OUR FAITH-BASED MISSION, BAPTIST HEALTH IS COMMITTED TO 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 2020 FORM 990.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 1a US INFORMATIONAL RETURNS	BAPTIST HEALTH HAS A SYSTEM-WIDE TREASURY POLICY, WHICH RECOGNIZES ITS RESPONSIBILITY TO OVERSEE, MANAGE, AND COORDINATE ALL AFFILIATE OPERATIONS, INCLUDING THE TREASURY FUNCTIONS. BAPTIST HEALTH SOUTH FLORIDA, INC. ("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	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, Line 15 PERFORMANCE-BASED EXECUTIVE COMPENSATION	<p>THE SOUTH FLORIDA MARKET FOR HIGHLY COMPETENT HEALTHCARE EXECUTIVES REFLECTS A VERY COMPETITIVE ENVIRONMENT FOR QUALIFIED EXECUTIVES. IT IS COMPRISED OF LARGE, NATIONAL, FOR PROFIT CHAINS AND NOT-FOR-PROFIT HOSPITAL SYSTEMS AND STAND-ALONE HOSPITALS. THE BOARD OF TRUSTEES OF BAPTIST HEALTH SOUTH FLORIDA, INC. SEEKS EXECUTIVES OF VISION AND LEADERSHIP TO CARRY OUT THE ORGANIZATION'S FAITH-BASED MISSION OF QUALITY CARE AND COMMUNITY SERVICE. THE BOARD EXPECTS THESE EXECUTIVES TO PROVIDE LEADERSHIP THAT WILL PLACE BAPTIST HEALTH AMONG THE BEST HEALTHCARE SYSTEMS IN THE NATION FOR QUALITY AND EXCELLENCE. THE BOARD EXPECTS EXECUTIVES TO DEMONSTRATE INTEGRITY AND LOYALTY IN THE PERFORMANCE OF THEIR DUTIES AND TO ADHERE TO BAPTIST HEALTH'S CONFLICT OF INTEREST POLICY, EXECUTIVE CODE OF CONDUCT AND ALL COMPLIANCE/ETHICS POLICIES. EXECUTIVE COMPENSATION IS CONSIDERED THE FOUNDATION TO ATTRACT AND RETAIN EXECUTIVES WITH THE TALENT, EXPERIENCE AND CHARACTER TO MEET THESE EXPECTATIONS. THE CEO OF HOMESTEAD HOSPITAL IS COMPENSATED BY BAPTIST HEALTH SOUTH FLORIDA, 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 all of the entity's 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. For further detail regarding the compensation structure, please reference to Schedule J, Part I, Line 3.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	THIS ORGANIZATION IS PART OF BAPTIST HEALTH, AN INTEGRATED HEALTH CARE DELIVERY SYSTEM. THE BOARD OF TRUSTEES OF BAPTIST HEALTH SOUTH FLORIDA, INC. HAS THE RIGHT TO APPOINT SOME BOARD MEMBERS TO THE HOSPITAL'S BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	THIS ORGANIZATION IS PART OF BAPTIST HEALTH, AN INTEGRATED HEALTH CARE DELIVERY SYSTEM. THE BOARD OF TRUSTEES OF BAPTIST HEALTH SOUTH FLORIDA, INC. 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, Line 11b Review of form 990 by governing body	BAPTIST HEALTH MANAGEMENT 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 & RISK MANAGEMENT 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, AS NEEDED. 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.

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Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>EMPLOYEE CONFLICT OF INTEREST AN ACTUAL, POTENTIAL, OR PERCEIVED CONFLICT OF INTEREST OCCURS IN THOSE CIRCUMSTANCES WHERE AN EMPLOYEE'S JUDGEMENT COULD BE AFFECTED BECAUSE THE EMPLOYEE HAS A PERSONAL INTEREST, OTHER THAN THE RECEIPT OF COMPENSATION FROM BAPTIST HEALTH, IN THE OUTCOME OF A DECISION OVER WHICH THE EMPLOYEE HAS CONTROL OR INFLUENCE. FOR THE PURPOSES OF THIS POLICY, IT IS PRESUMED THAT MANAGERS HAVE CONTROL OR INFLUENCE OVER ANY DECISION AFFECTING A MATTER FOR WHICH A MANAGER HAS RESPONSIBILITY. A PERSONAL INTEREST EXISTS WHEN AN EMPLOYEE OR A MEMBER OF HIS OR HER FAMILY STANDS TO DIRECTLY OR INDIRECTLY OBTAIN FINANCIAL GAIN AS A RESULT OF A DECISION. THIS POLICY IS INTENDED FOR ALL EMPLOYEES TO UNDERSTAND, IDENTIFY, MANAGE, AND APPROPRIATELY DISCLOSE THOSE TRANSACTIONS, WHICH COULD RESULT IN AN ACTUAL, POTENTIAL OR PERCEIVED CONFLICT OF INTEREST. IN ACCORDANCE WITH OUR CODE OF ETHICS, HIGH ETHICAL STANDARDS MUST BE OBSERVED IN THE NEGOTIATION AND EXECUTION OF ALL BUSINESS ACTIVITIES CONDUCTED AT, BY OR WITH BAPTIST HEALTH. ANY DECISIONS MADE BY BAPTIST HEALTH EMPLOYEES MUST BE MADE IN COMPLIANCE WITH APPLICABLE LAWS AND REGULATIONS, WITH THE BEST ORGANIZATIONAL INTERESTS OF BAPTIST HEALTH AS THE HIGHEST PRIORITY AND WITHOUT REGARD TO THE PERSONAL GAIN OR INTEREST OF ANY OTHER PERSON OR ENTITY. LIKEWISE, THE APPEARANCE OF ANY SUCH IMPROPER INFLUENCE ON ANY DECISIONS SHOULD BE CONSCIOUSLY AVOIDED. EMPLOYEES SHOULD ALSO ADHERE TO POLICY 828 WHICH PROHIBITS VENDOR SPONSORED TRAVEL, AND POLICY 829 LIMITING ACCEPTANCE OF PERSONAL HONORARIUMS, AND POLICY 831 WHICH PROVIDES LIMITATIONS AND GUIDELINES ON PHILANTHROPIC SOLICITATION OF VENDORS. A POTENTIAL OR PERCEIVED CONFLICT OR INTEREST MAY EXIST IRRESPECTIVE OF THE INTENT OF THE EMPLOYEE. BOARD</p> <p>CONFLICT OF INTEREST Baptist Health has a strong and robust Conflict of Interest policy. The policy is meant to ensure that each member of the Board of Trustees governs the affairs of Baptist Health and its affiliates with honesty and integrity and makes decisions for the benefit of Baptist Health. Board of Trustee members may not be employed by Baptist Health, not engaged to provide services to Baptist Health or any of its affiliates in exchange for cash compensation. Conflict free decision making extends beyond the Board members to include transactions that might benefit (I) the private interest of a member or his or her family (II) an organization controlled by a member of his or her family (III) an organization in which a member or his or her familiar has a material interest. Since the appearance of a conflict of interest may be as damaging to Baptist Health's reputation as actually permitting a conflict to exist, each voting Board member of Baptist Health and its affiliates has a continuing obligation to disclose any potential conflicts. This continuing obligation is supplemented by an annual certification that the Board member is free from actual or potential conflicts of interest. The annual</p>

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Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>certification is reviewed by the Vice President of Audit and Compliance and the Chief Compliance Officer who reports directly to the Board. Potential conflicts are further reviewed by the Board's Ethics Committee. If a conflict does exist, the conflicted Board member may be required (I) resign from the Board (II) eliminate the relationship, which gives rise to the conflict or (III) recuse himself or herself from all discussions, votes or actions with regard to the matter creating the actual or potential conflict of interest.</p> <p>CONFLICT OF INTEREST POLICY COMPLIANCE ONE OF BAPTIST HEALTH'S GREATEST ASSETS IS THE INTEGRITY OF ITS VOLUNTEER BOARD MEMBERS. ONE WAY TO ASSURE INTEGRITY IS THE ORGANIZATION'S COMMITMENT TO A STRINGENT CONFLICT OF INTEREST POLICY FOR THEIR GOVERNING BOARDS AND MANAGEMENT. AS A PART OF A ROBUST CONFLICT OF INTEREST POLICY, BOARD MEMBERS MUST ANNUALLY COMPLETE A CONFLICT OF INTEREST DECLARATION FORM. THE AUDIT AND COMPLIANCE DEPARTMENT MONITOR TO ENSURE ALL VOTING MEMBERS SUBMIT THE DECLARATION FORM AND PERFORM NECESSARY RESEARCH TO UNDERSTAND IF A POTENTIAL CONFLICT EXISTS. ALL DISCLOSURES AND THE RELATED RESEARCH ARE SUMMARIZED FOR THE ETHICS COMMITTEE OF THE BAPTIST HEALTH SOUTH FLORIDA, INC. BOARD OF TRUSTEES. ANY DISCLOSURES THAT MAY RESULT IN THE APPEARANCE OF A CONFLICT ARE ADDRESSED BY THE COMMITTEE FOR ITS CONSIDERATION AND RESOLUTION.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required 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, Section A 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 WHICH MAKE POSSIBLE AN IMPORTANT ADMINISTRATIVE FUNCTION, OR MINOR DISCOUNTS ON CLINICAL SERVICES RECEIVED AT A BAPTIST HEALTH 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 VIII, Line 11d Other Miscellaneous Revenue	OTHER REVENUE - Total Revenue: 28633, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 28633;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	BENEFICIAL INTEREST IN NET ASSETS OF BHSF FOUNDATION - 1214539;

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

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

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.

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) 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

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

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

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

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

Return Reference	Explanation

Additional Data

Software ID: 20011424
Software Version: 2020v4.0
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)	Type III-FI	NA		No
8900 N KENDALL DRIVE MIAMI, FL 33176 59-0910342	HOSPITAL	FL	501(c)(3)	3	BHSF		No
6200 SW 73 ST MIAMI, FL 33143 59-0872594	HOSPITAL	FL	501(c)(3)	3	BHSF		No
975 BAPTIST WAY HOMESTEAD, FL 33033 65-0232993	HOSPITAL	FL	501(c)(3)	3	BHSF		No
91500 OVERSEAS HIGHWAY TAVERNIER, FL 33070 59-1987355	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
5000 UNIVERSITY DRIVE CORAL GABLES, FL 33146 04-3775926	HOSPITAL	FL	501(c)(3)	3	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 59-1923401	FUNDRAISING	FL	501(c)(3)	7	BHSF		No
6855 RED ROAD STE 600 CORAL GABLES, FL 33143 65-0611015	SUPPORT	FL	501(c)(3)	Type I	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)	Type III-FI	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)	Type III-FI	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 65-0523164	PAYROLL SUPPORT	FL	501(c)(3)	Type I	BHI		No
800 MEADOWS ROAD BOCA RATON, FL 33486 59-1006663	HOSPITAL	FL	501(c)(3)	3	BRRH		No

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
800 MEADOWS ROAD BOCA RATON, FL 33486 59-2406033	SUPPORT	FL	501(c)(3)	Type III-FI	BHSF		No
800 MEADOWS ROAD BOCA RATON, FL 33486 65-0044715	O/P MEDICAL SERVICES	FL	501(c)(3)	Type III-FI	BRRH		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
BAPTIST HEALTH ENTERPRISES INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 59-2572862	REAL ESTATE MANAGEMENT	FL	NA	C Corporation					No
SAMARITAN RISK RETENTION GROUP 146 Fairchild Street Suite 135 Charleston, SC 29492 20-3433505	INSURANCE	SC	NA	C Corporation					No
PINEAPPLE INSURANCE COMPANY 98-0465790	INSURANCE	CJ	NA	C Corporation					No
BMAB EAST TOWER INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 65-4047110	LEASE OFFICE SPACE	FL	NA	C Corporation					No
BAPTIST MEDICAL SERVICES CORP 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 65-0506620	HOLDING COMPANY	FL	NA	C Corporation					No
KENDALL CREDIT & BUSINESS SERVICES INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 65-0434778	COLLECTION AGENCY	FL	NA	C Corporation					No
WEST KENDALL PROFESSIONAL SERVICES INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 65-0475570	COLLECTION AGENCY	FL	NA	C Corporation					No
SOUTH MIAMI HEALTH ENTERPRISES INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 59-2623930	MEDICAL CENTER	FL	NA	C Corporation					No
BAPTIST AMBULATORY SERVICES INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 42-1573814	HOLDING COMPANY	FL	NA	C Corporation					No
BHE REALTY INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 90-0152617	REAL ESTATE BROKER	FL	NA	C Corporation					No
BAPTIST ANCILLARY SERVICES INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 55-0800138	HOLDING COMPANY	FL	NA	C Corporation					No
BETHESDA HEALTH PHYSICIAN GROUP INC 2815 S SEACREST BLVD BOYNTON BEACH, FL 33435 65-0561267	PHYSICIAN OFFICES	FL	NA	C Corporation					No
BETHESDA HOLDING COMPANY INC 2815 S SEACREST BLVD BOYNTON BEACH, FL 33435 59-2663767	HOLDING COMPANY	FL	NA	C Corporation					No
PALM BEACH CREDIT ADJUSTORS INC 2815 S SEACREST BLVD BOYNTON BEACH, FL 33435 59-2507658	INVESTMENT	FL	NA	C Corporation					No
BOCACARE INC 800 MEADOWS ROAD BOCA RATON, FL 33486 26-4190328	PHYSICIAN OFFICES	FL	NA	C Corporation					No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
BAPTIST HEALTH INTERNATIONAL CAYMAN ISLAND LTD	MEDICAL SERVICES	CJ	NA	C Corporation					No