

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2018)

**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

<b>4a</b>	(Code )	(Expenses \$ 292,030,673	including grants of \$ 77,272	(Revenue \$ 373,788,384 )
See Additional Data				










<b>4b</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
-----------	---------	--------------	------------------------	---------------

<b>4c</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
-----------	---------	--------------	------------------------	---------------

<b>4d</b>	Other program services (Describe in Schedule O )			
	(Expenses \$	including grants of \$	(Revenue \$	)

<b>4e</b>	<b>Total program service expenses ▶</b>	292,030,673
-----------	---	-------------

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	<b>2</b> Yes	
<b>3</b> 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	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> 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	<b>4</b>	No
<b>5</b> 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	<b>5</b>	
<b>6</b> 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	<b>6</b>	No
<b>7</b> 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	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> 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	<b>9</b>	No
<b>10</b> 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	<b>10</b>	No
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	<b>11a</b> Yes	
<b>b</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	<b>11b</b>	No
<b>c</b> 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	<b>11c</b>	No
<b>d</b> 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	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	<b>11e</b> Yes	
<b>f</b> 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 	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</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 	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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	<b>14b</b>	No
<b>15</b> 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	<b>15</b>	No
<b>16</b> 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	<b>16</b>	No
<b>17</b> 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)	<b>17</b>	No
<b>18</b> 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	<b>18</b>	No
<b>19</b> 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	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	<b>20b</b> Yes	
<b>21</b> 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 	<b>21</b> Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<b>22</b>	No

**Part IV Checklist of Required Schedules (continued)**

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b> 0	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b>	1,356	<b>2b</b>	Yes	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . .				<b>3a</b>		No
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . .				<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . .				<b>4a</b>		No
<b>b</b> If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . .				<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .				<b>7a</b>		No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . .				<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .						
				<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . .				<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . .				<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .				<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?						
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .				<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . .				<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .				<b>15</b>		No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>		No

**Part VI**

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

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

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

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

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

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
 Finance Department 6855 Red Road Ste 600 Coral Gables, FL 33143 (786) 662-7000

Part VII

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Anthony Alonso JR DMD Director	2 0 .....	X						0	0	0
(2) Rev Otto Fernandez Director	2 0 ..... 0	X						0	0	0
(3) Armando J Ferrer Director	2 0 ..... 0	X						0	0	0
(4) Luis Hernandez Director	2 0 ..... 2 0	X						0	0	0
(5) Robert Namoff Director	2 0 ..... 0	X						0	0	0
(6) Ann E Pope Director	2 0 ..... 2 0	X						0	0	0
(7) Lillian Rivera PHD Director Beg 01/2019	2 0 ..... 0	X						0	0	0
(8) Richard Roy Director	2 0 ..... 0	X						0	0	0
(9) Aida Shafer Chairperson	2 0 ..... 2 0	X						61	0	0
(10) John Scott Weston Director	2 0 ..... 6 0	X						0	0	0
(11) Javier Hernandez-Lichtl CEO	50 0 ..... 0 0			X				0	759,801	126,039
(12) Lourdes Boue VP of Operations	50 0 ..... 0				X			329,061	0	57,918
(13) Sandra McLean VP of Nursing	50 0 ..... 0				X			299,279	0	38,575
(14) Ralph Rios VP of Professional Service	50 0 ..... 0				X			320,250	0	58,241
(15) Ansamma John Expert RN	45 0 ..... 0					X		162,889	0	29,764
(16) Ana Lopez-Samblas Director of Pharmacy	45 0 ..... 0					X		209,681	0	32,928
(17) Abby Marrero Pharmacy Manager	45 0 ..... 0					X		188,660	0	15,566

## Part VII

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	1,889,052	759,801	413,378

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

**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.

<p><b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 44</p>	
---	--



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>					
	<b>b</b> Membership dues . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . .	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>	143,536				
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____						
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		143,536				
<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> NET PATIENT REVENUE	621300	373,167,773	373,167,773			
	<b>b</b> GRANT REVENUE	900099	74,671	74,671			
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue		0	0	0	0	
	<b>9 Total.</b> Add lines 2a-2f . . . . . ▶		373,242,444				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		68,669			68,669	
	<b>4</b> Income from investment of tax-exempt bond proceeds ▶						
	<b>5</b> Royalties . . . . . ▶						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		1,577,245					
		<b>b</b> Less rental expenses	2,242,890				
		<b>c</b> Rental income or (loss)	-665,645	0			
	<b>d</b> Net rental income or (loss) . . . . . ▶		-665,645			-665,645	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			150				
		<b>b</b> Less cost or other basis and sales expenses	1,436				
		<b>c</b> Gain or (loss)	0	-1,286			
	<b>d</b> Net gain or (loss) . . . . . ▶		-1,286			-1,286	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>						
	<b>b</b> Less direct expenses . . . . . <b>b</b>						
	<b>c</b> Net income or (loss) from fundraising events . . . ▶						
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>						
	<b>b</b> Less direct expenses . . . . . <b>b</b>						
	<b>c</b> Net income or (loss) from gaming activities . . . ▶						
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
<b>b</b> Less cost of goods sold . . . . . <b>b</b>							
<b>c</b> Net income or (loss) from sales of inventory . . . ▶							
Miscellaneous Revenue		Business Code					
<b>11a</b> CAFETERIA		722514	1,659,087			1,659,087	
<b>b</b> EDUCATION REVENUE		900099	316,154	316,154			
<b>c</b> GIFT SHOP		453220	419,518			419,518	
<b>d</b> All other revenue . . . . .			229,786	229,786	0	0	
<b>e Total.</b> Add lines 11a-11d . . . . . ▶			2,624,545				
<b>12 Total revenue.</b> See Instructions . . . . . ▶			375,412,263	373,788,384	0	1,480,343	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	77,272	77,272		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	1,048,111		1,048,111	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	75,603,854	65,154,170	10,449,684	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	3,232,376	2,747,520	484,856	
<b>9</b> Other employee benefits.	8,942,313	7,600,966	1,341,347	
<b>10</b> Payroll taxes.	5,461,120	4,641,952	819,168	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	772,164		772,164	
<b>c</b> Accounting.				
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	28,403,463	25,869,398	2,534,065	0
<b>12</b> Advertising and promotion.	1,531,916	1,302,129	229,787	
<b>13</b> Office expenses.	6,731,401	5,721,691	1,009,710	
<b>14</b> Information technology.	17,456,177	14,837,750	2,618,427	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	5,900,936	5,015,796	885,140	
<b>17</b> Travel.	102,729	87,320	15,409	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.				
<b>20</b> Interest.	3,494,380	2,970,223	524,157	
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	11,730,192	9,970,663	1,759,529	
<b>23</b> Insurance.	5,559,738	5,475,333	84,405	
<b>24</b> 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):				
<b>a</b> COLLECTION EXPENSE	5,791,385		5,791,385	
<b>b</b> PROVISION FOR BAD DEBTS	51,456,680	51,456,680		
<b>c</b> CHARITY CARE	59,609,049	59,609,049		
<b>d</b> MEDICAL SUPPLIES	20,017,717	20,017,717		
<b>e</b> All other expenses	10,604,300	9,475,044	1,129,256	0
<b>25</b> Total functional expenses. Add lines 1 through 24e.	323,527,273	292,030,673	31,496,600	0
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	4,800	<b>1</b>	4,800
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	18,312,929	<b>4</b>	23,326,810
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	2,871,629	<b>8</b>	2,696,529
	<b>9</b> Prepaid expenses and deferred charges . . . . .	650,797	<b>9</b>	694,796
	<b>10a</b> Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 278,360,551		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 94,203,410	184,760,326	<b>10c</b> 184,157,141
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	4,471,605	<b>15</b>	3,680,962
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	211,072,086	<b>16</b>	214,561,038	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	27,065,931	<b>17</b>	32,518,586
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	928,000
	<b>20</b> Tax-exempt bond liabilities . . . . .	104,639,553	<b>20</b>	102,399,033
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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	125,340,722	<b>25</b>	72,643,456
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	257,046,206	<b>26</b>	208,489,075
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	-47,384,661	<b>27</b>	4,500,329
	<b>28</b> Temporarily restricted net assets . . . . .	1,410,541	<b>28</b>	1,571,634
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	-45,974,120	<b>33</b>	6,071,963	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	211,072,086	<b>34</b>	214,561,038	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	375,412,263
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	323,527,273
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	51,884,990
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	-45,974,120
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	161,093
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	6,071,963

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>b</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		

# Additional Data

**Software ID:** 18007697  
**Software Version:** 2018v3.1  
**EIN:** 52-2438452  
**Name:** West Kendall Baptist Hospital Inc

Form 990 (2018)

**Form 990, Part III, Line 4a:**  
SEE SCHEDULE O

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

West Kendall Baptist Hospital Inc

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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

52-2438452

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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)  
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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	<b>Total.</b> 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	<b>Public support.</b> Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					<b>12</b>	
13	<b>First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	<b>33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>	
b	<b>33 1/3% support test—2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>	
17a	<b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>	
b	<b>10%-facts-and-circumstances test—2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>	
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span>▶ <input type="checkbox"/></span>	

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>	
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<b>3a</b>	
<b>b</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 <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<b>4a</b>	
<b>b</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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> 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 <b>Part VI</b> 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>	<b>4c</b>	
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, 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>5a</b>	
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> 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 <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> 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>	<b>7</b>	
<b>8</b> 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>	<b>8</b>	
<b>9a</b> 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 <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</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 <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> 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 <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> 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>10a</b>	
<b>b</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>	<b>10b</b>	

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <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 (a) and (b) below.	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard		
3b		

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><input type="checkbox"/></div> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013. . . . .			
b From 2014. . . . .			
c From 2015. . . . .			
d From 2016. . . . .			
e From 2017. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014. . . . .			
b Excess from 2015. . . . .			
c Excess from 2016. . . . .			
d Excess from 2017. . . . .			
e Excess from 2018. . . . .			

Additional Data

Software ID: 18007697  
Software Version: 2018v3.1  
EIN: 52-2438452  
Name: West Kendall Baptist Hospital Inc

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

Facts And Circumstances Test

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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
West Kendall Baptist Hospital Inc

Employer identification number  
52-2438452

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

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

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ►

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

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

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

☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenue included on Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

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

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	18,721,987		18,721,987
b	Buildings	197,734,401	62,496,033	135,238,368
c	Leasehold improvements	1,373,271	417,183	956,088
d	Equipment	43,317,624	29,665,656	13,651,968
e	Other	17,213,268	1,624,538	15,588,730
Total.	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))			184,157,141

Part VII

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

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

Part VIII

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

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

Part IX

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	

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.

(a) Description of liability	(b) Book value
1. Federal income taxes	
DUE TO AFFILIATE	
SELF INSURANCE RESERVES	
PHYSICIAN GUARANTEE LIABILITY	
ASSET RETIREMENT OBLIGATION	
OTHER LIABILITIES	
PHYSICIAN GUARANTEE LIABILITY	1,755,370
DUE TO AFFILIATES LT	59,808,432
MALPRACTICE TAIL INSURANCE	11,079,654
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	72,643,456

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	264,347,820
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	-111,065,729
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-111,065,729
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	375,413,549
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	-1,286
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	-1,286
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	375,412,263

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	212,462,830
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	0
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	212,462,830
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	111,064,443
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	111,064,443
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	323,527,273

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

Software ID: 18007697  
Software Version: 2018v3.1  
EIN: 52-2438452  
Name: West Kendall Baptist Hospital Inc

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Book Value
DUE TO AFFILIATE	
SELF INSURANCE RESERVES	
PHYSICIAN GUARANTEE LIABILITY	
ASSET RETIREMENT OBLIGATION	
OTHER LIABILITIES	
PHYSICIAN GUARANTEE LIABILITY	1,755,370
DUE TO AFFILIATES LT	59,808,432
MALPRACTICE TAIL INSURANCE	11,079,654

**Supplemental Information**

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	<p>THE CURRENT ACCOUNTING STANDARDS REQUIRE THAT DEFERRED INCOME TAXES REFLECT THE TAX CONSEQUENCES ON FUTURE YEARS OF DIFFERENCES BETWEEN THE TAX BASES OF ASSETS AND LIABILITIES AND THEIR BASES FOR FINANCIAL REPORTING PURPOSES. ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, ASC 740-10 (FORMERLY FIN48), PRESCRIBES A COMPREHENSIVE MODEL FOR HOW AN ORGANIZATION SHOULD MEASURE, RECOGNIZE, PRESENT, AND DISCLOSE IN ITS FINANCIAL STATEMENTS UNCERTAIN TAX POSITIONS THAT AN ORGANIZATION HAS TAKEN OR EXPECTS TO TAKE ON A TAX RETURN. FUTURE TAX BENEFITS, SUCH AS MINIMUM TAX CREDIT CARRY FORWARDS, ARE REQUIRED TO BE RECOGNIZED TO THE EXTENT THAT REALIZATION OF SUCH BENEFITS IS MORE LIKELY THAN NOT. AS OF SEPTEMBER 30, 2019 AND 2018, BHSF HAD NO MATERIAL UNRECOGNIZED TAX POSITIONS. NO MATERIAL UNRECOGNIZED TAX POSITIONS ARE EXPECTED THROUGH SEPTEMBER 30, 2020. 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 2016 THROUGH 2018 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 - -59609049 Bad Debt Expense - -51456680

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 - -1286

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	Charity Care - 59609049 Provision for Bad Debts - 51456680 Loss on Sale of Assets - -1286

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493226025080	
SCHEDULE H (Form 990)		Hospitals			OMB No 1545-0047
Department of the Treasury Internal Revenue Service		► Complete if the organization answered "Yes" on Form 990, Part IV, question 20. ► Attach to Form 990. ► Go to <a href="http://www.irs.gov/Form990EZ">www.irs.gov/Form990EZ</a> for instructions and the latest information.			2018 Open to Public Inspection
Name of the organization West Kendall Baptist Hospital Inc				Employer identification number 52-2438452	

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	Yes	
1b	If "Yes," was it a written policy?	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		
3a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 30000 %	Yes	
3b	Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other %		No
4	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		
5a	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"?	Yes	
5b	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
5c	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		No
6a	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?		
6b	Did the organization prepare a community benefit report during the tax year?	Yes	
6c	If "Yes," did the organization make it available to the public?	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)		1,848	15,200,471	0	15,200,471	5 59 %
b Medicaid (from Worksheet 3, column a)			27,272,441	8,190,764	19,081,677	7 01 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	1,848	42,472,912	8,190,764	34,282,148	12 60 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			781,060	0	781,060	0 29 %
f Health professions education (from Worksheet 5)			0	0	0	0 %
g Subsidized health services (from Worksheet 6)			335,193	0	335,193	0 12 %
h Research (from Worksheet 7)			0	0	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			0	0	0	0 %
j Total. Other Benefits	0	0	1,116,253	0	1,116,253	0 41 %
k Total. Add lines 7d and 7j	0	1,848	43,589,165	8,190,764	35,398,401	13 01 %



**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
<b>1</b> Physical improvements and housing					0	0 %
<b>2</b> Economic development					0	0 %
<b>3</b> Community support					0	0 %
<b>4</b> Environmental improvements					0	0 %
<b>5</b> Leadership development and training for community members					0	0 %
<b>6</b> Coalition building					0	0 %
<b>7</b> Community health improvement advocacy					0	0 %
<b>8</b> Workforce development					0	0 %
<b>9</b> Other					0	0 %
<b>10 Total</b>	0	0	0	0	0	0 %

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

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>		No
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>		
<b>3</b> 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.	<b>3</b>		
<b>4</b> 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**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	23,310,219
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	31,318,491
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-8,008,272
<b>8</b> 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**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>	Yes	
<b>b</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.	<b>9b</b>	Yes	

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**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)

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

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
WEST KENDALL BAPTIST HOSPITAL**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

**Community Health Needs Assessment**

	Yes	No
<b>1</b> 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? . . . . .	<b>1</b>	No
<b>2</b> 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 . . . . .	<b>2</b>	No
<b>3</b> 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)	<b>3</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <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)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>18</u>		
<b>5</b> 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 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 . . . . .	<b>5</b> Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b> Yes	
<b>b</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 . . . . .	<b>6b</b>	No
<b>7</b> 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)	<b>7</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>The CHNA report has been made widely available on the Baptist Health website https://baptisthealth</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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 . . . . .	<b>8</b> Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>18</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b> Yes	
<b>a</b> If "Yes" (list url) <u>The most recent Implementation Plan has been made widely available on the Baptist Health website ht</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> 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		
<b>12a</b> 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)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> 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)**

WEST KENDALL BAPTIST HOSPITAL

**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			
<b>13</b> 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	<b>13</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300.0 % and FPG family income limit for eligibility for discounted care of 0.0 %			
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)			
<b>c</b> <input checked="" type="checkbox"/> Asset level			
<b>d</b> <input checked="" type="checkbox"/> Medical indigency			
<b>e</b> <input checked="" type="checkbox"/> Insurance status			
<b>f</b> <input type="checkbox"/> Underinsurance discount			
<b>g</b> <input checked="" type="checkbox"/> Residency			
<b>h</b> <input type="checkbox"/> Other (describe in Section C)			
<b>14</b> Explained the basis for calculating amounts charged to patients?	<b>14</b>		No
<b>15</b> 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)	<b>15</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
<b>b</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			
<b>c</b> <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			
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
<b>e</b> <input type="checkbox"/> Other (describe in Section C)			
<b>16</b> 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)	<b>16</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <a href="https://baptisthealth.net/en/patient-visitor/documents/charity_care_policy_2018.pdf">https://baptisthealth.net/en/patient-visitor/documents/charity_care_policy_2018.pdf</a>			
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <a href="https://baptisthealth.net/en/patient-visitor/documents/BH_FINANCIAL_AID_FORM.PDF">HTTPS://BAPTISTHEALTH.NET/EN/PATIENT-VISITOR/DOCUMENTS/BH_FINANCIAL_AID_FORM.PDF</a>			
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE STATEMENT			
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>e</b> <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)			
<b>f</b> <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)			
<b>g</b> <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			
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
<b>i</b> <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			
<b>j</b> <input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** (continued)**Billing and Collections**

WEST KENDALL BAPTIST HOSPITAL

**Name of hospital facility or letter of facility reporting group**

	Yes	No
<b>17</b> 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? . . . . .	<b>17</b> Yes	
<b>18</b> 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		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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)		
<b>a</b> <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 <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? . . . . .	<b>21</b> Yes	
If "No," indicate why		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

WEST KENDALL BAPTIST HOSPITAL

**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
<b>23</b>		No
<b>24</b>		No

Part V	Facility Information <i>(continued)</i>
--------	---

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

[illegible]

**Part V**   **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 0

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



**Part VI Supplemental Information**

Provide the following information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 14 UNINSURED INDIVIDUALS	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 QUALIFYING PATIENTS	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
Schedule H, Part I, Line 6a COMMUNITY BENEFIT REPORT	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 WEST KENDALL BAPTIST HOSPITAL AND THE OTHER NOT-FOR-PROFIT AFFILIATES OF BHSF

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 AFFILIATED HEALTH CARE SYSTEM	<p>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 HEALTH CARE PROGRAMS AND SERVICES INCLUDE THE FOLLOWING: MIAMI CARDIAC &amp; VASCULAR INSTITUTE. MIAMI CARDIAC &amp; 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 1000 NURSES, TECHNOLOGISTS, AND OTHER ALLIED HEALTH PROFESSIONALS. EACH YEAR, MCVI HOSTS THE INTERNATIONAL SYMPOSIUM ON ENDOVASCULAR THERAPY, WITH MORE THAN 1000 CARDIAC AND VASCULAR SPECIALISTS IN ATTENDANCE. MCVI RECENTLY COMPLETED AN EXPANSION AT BAPTIST HOSPITAL THAT ADDED NEW SERVICES FOR PATIENTS TO ENSURE THAT THE INSTITUTE REMAINS AT THE FOREFRONT OF INNOVATIVE CARDIOVASCULAR CARE. THE \$120 MILLION PROJECT ALSO INCLUDED THE EXPANSION OF BAPTIST HOSPITAL'S SURGERY CENTER WITH SIX LARGE OPERATING ROOMS DEDICATED TO NEUROSCIENCE, CARDIAC AND ROBOTIC SURGERY. THE EXPANSION IS A GREAT GIFT FOR OUR COMMUNITY AND BEYOND. NEW PROGRAMS PLANNED BY THE INSTITUTE INCLUDE A NATIONAL CENTER FOR ANEURYSM THERAPY, CENTER FOR ADVANCED ENDOVASCULAR THERAPIES AND CENTER FOR STRUCTURAL HEART THERAPY. MOST AREAS OF THE EXISTING FACILITY HAVE BEEN RENOVATED AND THREE ADVANCED ENDOVASCULAR PROCEDURE SUITES AND ONE INTERVENTIONAL NEURO SUITE WERE ADDED. MCVI IS MANAGED BY MIAMI CARDIAC &amp; VASCULAR INSTITUTE MANAGEMENT COMPANY, LLC, A FLORIDA LIMITED LIABILITY CORPORATION. BAPTIST HEALTH SOUTH FLORIDA, INC. HAS A 50% INTEREST IN MIAMI CARDIAC &amp; 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. MIAMI CANCER INSTITUTE HAS THE SOPHISTICATED TECHNOLOGIES NEEDED FOR ACCURATE, EARLY DIAGNOSIS, AND IT OFFERS THE LATEST TREATMENT. MIAMI CANCER INSTITUTE'S CANCER PROGRAM PARTICIPATES IN FDA-APPROVED CLINICAL RESEARCH IN THE AREAS OF ADULT CHEMOTHERAPY, PEDIATRIC CHEM</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 AFFILIATED HEALTH CARE SYSTEM	<p>OTHERAPY AND RADIATION ONCOLOGY, AND OFFERS NUMEROUS RESEARCH PROTOCOLS TO PATIENTS FOR SU CH CONDITIONS AS CANCER OF THE BREAST, LUNG, OVARY, PROSTATE, CERVIX, HEAD AND NECK , SKIN, BLOOD AND LYMPH SYSTEMS SEVERAL RESEARCH PROTOCOLS NOW IN PROGRESS ARE FOCUSED ON THE EFFICACY OF OTHER NEW MOLECULARLY-TARGETED THERAPIES POSITRON EMISSION TOMOGRAPHY (" PET") AND COMPUTED TOMOGRAPHY ("CT") IMAGING SCANNING, WHICH DRAMATICALLY INCREASES THE AB ILITY TO DIAGNOSE AND TREAT CANCER, IS AVAILABLE AT BAPTIST HOSPITAL, SOUTH MIAMI HOSPITAL AND AT BAPTIST MEDICAL PLAZA OUTPATIENT CENTERS COMBINING THE CAPABILITY OF HIGH-QUALITY , PET/CT IMAGING, THE SCANNER ALLOWS PHYSICIANS TO MAKE A DIAGNOSIS BASED ON BOTH THE PHYS ICAL LOCATION AND BIOCHEMISTRY OF A TUMOR MIAMI CANCER INSTITUTE OFFERS THE MOST TECHNOLO GICALLY ADVANCED RADIATION THERAPY, USING IMAGE GUIDED RADIATION THERAPY ("IGRT") WHERE RA DIOGRAPHIC IMAGES ARE TAKEN DURING EACH TREATMENT SESSION AND THE TREATMENT IS MODIFIED SI MULTANEOUSLY, ALLOWING FOR MORE PRECISE RADIATION DELIVERY THIS PRECISION RESULTS IN DEST RUCTION OF MORE TUMORS, FEWER SIDE EFFECTS AND IMPROVED OUTCOMES TOMOTHERAPY COMBINES AN ADVANCED FORM OF INTENSITY MODULATED RADIATION THERAPY ("IMRT") WITH THE ACCURACY OF CT SC ANNING IN ONE UNIT THIS ALLOWS FOR MORE CONVENIENT TREATMENT PLANNING FOR THE PATIENT, AS WELL AS MORE PRECISE RADIATION DELIVERY, WHICH REDUCES RADIATION EXPOSURE TO HEALTHY TISS UES MIAMI CANCER INSTITUTE ALSO OFFER CONFORMAL RADIATION THERAPY, ULTRASOUND-GUIDED CONF ORMAL RADIATION THERAPY, IMRT, INTRA OPERATIVE RADIATION THERAPY AND BRACHYTHERAPY, IN WHI CH CANCER-KILLING RADIOACTIVE MATERIAL IS PLACED IN OR NEAR THE TUMOR ITSELF BAPTIST HEAL TH ALSO OFFERS VIRTUAL COLONOSCOPY, WHICH COMBINES 3-D CT TECHNOLOGY WITH COMPUTER SOFTWARE FOR A LESS INVASIVE DIAGNOSIS OF COLORECTAL CANCER SUPPORT SERVICES INCLUDE SPECIALLY T RAINED ONCOLOGY SOCIAL WORKERS AND PASTORAL CARE STAFF FREE SUPPORT GROUPS ARE OFFERED FO R THOSE WITH BREAST CANCER, PROSTATE CANCER, AND ORAL, HEAD OR NECK CANCERS OUTREACH EFFO RTS INCLUDE SMOKING CESSATION PROGRAMS, FREE HEALTH FAIRS, SCREENINGS, EDUCATION AND PROGR AMS OBSERVING BREAST CANCER AWARENESS MONTH AND NATIONAL CANCER SURVIVORS DAY OUR CANCER SPECIALISTS AND OTHER HEALTH CARE PROFESSIONALS WORK WITH PATIENTS IN A VARIETY OF SETTING S, 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 &amp; SPORTS MEDICINE INSTITUTE ("MOSMI") IS COMPRISED OF BOARD-C ERTIFIED, FELLOWSHIP-TRAINED ORTHOPEDIC PHYSICIANS WHO ARE RECOGNIZED LOCALLY, NATIONALLY, AND INTERNATIONALLY AS LEADERS IN ORTHOPEDICS AND THE CARE OF ATHLETES AND TREATMENT OF S PORTS INJURIES MOSMI COMBINES ITS RESOURCES OF EXPERIENCED PHYSICIANS AND LEADING-EDGE TR EATMENTS AND TECHNOLOGY TO PROVIDE ADVANCED ORTHOPEDIC, PEDIATRIC ORTHOPEDIC AND SPORTS ME DICINE CARE AT SIX BAPTIST HEALTH LOCATIONS - DOCTORS HOSPITAL, BAPTIST HOSPITAL OF MIAMI, BAPTIST CHILDREN'S HOSPITAL, SOUTH MIAMI HOSPITAL, WEST KENDALL BAPTIST HOSPITAL, AND BAP TIST HEALTH MEDICAL PLAZA IN DAVIE THE INSTITUTE'S EXPERIENCED PHYSICIANS TREAT PROFESSIO NAL 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 U NIVERSITY ATHLETICS, ORANGE BOWL, MIAMI-DADE COUNTY PUBLIC SCHOOLS ATHLETICS, MIAMI OPEN T ENNIS AND MIAMI MARATHON AND HALF MARATHON</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c PLAIN LANGUAGE FAB PLAIN WEBSITE	<a href="https://baptisthealth.net/en/patient-visitor/pages/billing-information-financial-assistant-program.aspx">https //baptisthealth net/en/patient-visitor/pages/billing-information-financial-assistant-program.aspx</a>

## 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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part VI Other Information	WEST KENDALL BAPTIST HOSPITAL HAS ITS OWN GOVERNING BOARD, THE MEMBERS OF WHICH CONSIST OF REPRESENTATIVES OF THE PROFESSIONAL, PASTORAL AND BUSINESS COMMUNITIES WEST KENDALL BAPTIST HOSPITAL PROVIDES MEDICAL AND SURGICAL SERVICES CONSISTENT WITH ITS STATUS AS A TERTIARY CARE PROVIDER ADDITIONALLY, WEST KENDALL BAPTIST HOSPITAL OFFERS OTHER SERVICES AND PROGRAMS INCLUDING EMERGENCY CENTER OPEN 24 HOURS A DAY, SEVEN DAYS A WEEK, MORE THAN 57,908 PATIENTS WERE SEEN IN THE EMERGENCY DEPARTMENT DURING FY2019 MATERNITY CARE MORE THAN 892 BABIES WERE DELIVERED AT THE FAMILY-CENTERED MATERNITY UNIT AT WEST KENDALL BAPTIST HOSPITAL IN FY2019 WEST KENDALL BAPTIST HOSPITAL'S MATERNITY SERVICES INCLUDE PRENATAL CARE AND CHILDBIRTH EDUCATION PROGRAMS



## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7f	BAD DEBT EXPENSE OF \$ 51,456,680 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 16c	<a href="https://baptisthealth.net/en/patient-visitor/pages/billing-information-financial-assistant-program.aspx">https //baptisthealth net/en/patient-visitor/pages/billing-information-financial-assistant-program.aspx</a>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	51456680

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	West Kendall Baptist Hospital ESTIMATES THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BY RESERVING A PERCENTAGE OF ACCOUNTS RECEIVABLE BASED ON HISTORICAL AND EXPECTED COLLECTIONS, BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN REIMBURSEMENT, AND OTHER COLLECTION INDICATORS FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, INCLUDING RECEIVABLES FROM GOVERNMENT AGENCIES, West Kendall Baptist Hospital ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR ALL PAYOR TYPES, WHEN West Kendall Baptist Hospital CAN NO LONGER REASONABLY ESTIMATE COLLECTABILITY OF AN ACCOUNT BASED ON THE AGING OF THE BALANCE DUE AND THE VOLATILITY AND UNPREDICTABLE NATURE OF THE AMOUNT, West Kendall Baptist Hospital 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 West Kendall Baptist Hospital, 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 to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change For the year ended September 30, 2019, additional revenue of approximately \$19,000,000 was recognized due to changes in estimates of implicit price concessions, discounts, and contractual adjustments for performance obligations satisfied in prior years 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 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	- WEST KENDALL BAPTIST HOSPITAL Line 16a URL <a href="https://baptisthealth.net/en/patient-visitor/documents/charity_care_policy_2018.pdf">https //baptisthealth net/en/patient-visitor/documents/charity_care_policy_2018 pdf,</a>



## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- WEST KENDALL BAPTIST HOSPITAL Line 16b URL HTTPS //BAPTISTHEALTH NET/EN/PATIENT-VISITOR/DOCUMENTS/BH_FINANCIAL_AID_FORM PDF,

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- WEST KENDALL BAPTIST HOSPITAL Line 16c URL SEE STATEMENT,

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>WEST KENDALL BAPTIST HOSPITAL IS PART OF BAPTIST HEALTH, ONE OF THE REGION'S MOST PREFERRED HEALTHCARE ORGANIZATIONS. THE HOSPITAL OPENED ITS DOORS IN 2011 AS THE FIRST NON-REPLACEMENT HOSPITAL IN MIAMI-DADE COUNTY IN OVER 35 YEARS. WEST KENDALL BAPTIST HOSPITAL IS AN ACADEMIC FACILITY AFFILIATED WITH FLORIDA INTERNATIONAL UNIVERSITY'S HERBERT WERTHEIM COLLEGE OF MEDICINE. 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, West Kendall Baptist Hospital ALSO OFFERS A MULTITUDE OF FREE AND LOW-COST EDUCATIONAL PROGRAMS, EXERCISE CLASSES AND HEALTH SCREENINGS AT VARIOUS LOCATIONS. NEW WAYS ARE ALWAYS EXPLORED TO IMPROVE SERVICES AND EXPAND THE ABILITY TO MEET THE HEALTHCARE NEEDS OF THE COMMUNITY. A "COMMUNITY HEALTH NEEDS ASSESSMENT" WAS CONDUCTED TO FOCUS ON THE PARTICULAR CHARACTERISTICS OF PATIENTS AND THE COMMUNITY AND TO PRECISELY PINPOINT 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: <a href="https://baptisthealth.net/en/about-baptist-health/pages/community-health-needs-assessments.aspx">https://baptisthealth.net/en/about-baptist-health/pages/community-health-needs-assessments.aspx</a>. IT INCLUDES A DESCRIPTION OF THE COMMUNITY SERVED, THE METHOD USED TO MAKE DETERMINATIONS, A LOOK AT THE INPUT THEY 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 TARGETED IN THIS REPORT. THIS IMPORTANT EXERCISE HAS HELPED West Kendall Baptist Hospital 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 ROAD MAP 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	FINANCIAL ASSISTANCE INFORMATION IS PROVIDED IN MULTIPLE LOCATIONS PATIENT REGISTRATION PROVIDES TO ALL PATIENTS A ONE-PAGE INFORMATION HANDOUT ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE, CREATING AWARENESS OF THE CHARITY CARE PROGRAM PATIENT REGISTRATION ALSO PROVIDES INFORMATION REGARDING BAPTIST HEALTH'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

**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 the Urban Four Hospitals' service area was 1,223,422. The Urban Four Hospitals' designated service area consists of 33 ZIP codes in Miami-Dade County. The geographical area includes neighborhoods of West Miami/Westchester, Palmetto Bay/Pinecrest, Kendall, Miami Springs, Goulds, Cutler Ridge, South Miami and Coral Gables. The service area population BY race is 88.9 percent White, 6.5 percent Black or African American, 2 percent Asian, and 2 percent other. This area in Miami-Dade County is 76.7 percent Hispanic or Latino. The median household income for the service area is \$60,853, which surpasses Miami-Dade's median household income of \$46,338. Approximately 37.8 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 28 percent of the population under 24 years old, 36 percent between 24-49 years old, 20 percent between 50-64 years old, and 16 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 SEPTEMBER 2004, THE STATE OF FLORIDA'S AGENCY FOR HEALTH CARE ADMINISTRATION APPROVED A CERTIFICATE OF NEED FOR A NEW HOSPITAL IN WEST KENDALL. CONSTRUCTION ON THE HOSPITAL CAMPUS BEGAN IN DECEMBER 2008 AND, 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 GROWING WEST KENDALL COMMUNITY, A SUBURB OF MIAMI, WEST KENDALL BAPTIST HOSPITAL TREATED ITS FIRST PATIENT ON APRIL 27, 2011. WEST KENDALL BAPTIST HOSPITAL IS THE FIRST NON-REPLACEMENT HOSPITAL BUILT IN MIAMI-DADE COUNTY IN MORE THAN 35 YEARS. THE HOSPITAL IS DESIGNED TO BE ABLE TO GROW WITH THE NEEDS OF THE COMMUNITY. LOCATED ON A 30-ACRE PROPERTY IN THE KENDALL TOWN CENTER, AT SW 162ND AVENUE AND 96TH STREET, THE FOUR-STORY, 282,000-SQUARE-FOOT FACILITY ACCOMMODATES 133 LICENSED ACUTE CARE INPATIENT BEDS AND PRIVATE PATIENT ROOMS CONFIGURED AS FOLLOWS: 13 POST-PARTUM BEDS, 12 CRITICAL CARE BEDS AND 108 GENERAL ACUTE CARE MEDICAL/SURGICAL BEDS. THE HOSPITAL ALSO HAS FOUR OPERATING ROOMS, WITH AN ADDITIONAL TWO SHELLS FOR FUTURE USE, TWO DEDICATED C-SECTION ROOMS IN THE LABOR AND DELIVERY UNIT, AN EMERGENCY DEPARTMENT INCLUDING SEPARATE TREATMENT AREAS FOR ADULTS AND CHILDREN, AND DIAGNOSTIC AND IMAGING SERVICES. IN 2009, WEST KENDALL BAPTIST HOSPITAL ENTERED INTO AN AFFILIATION AGREEMENT WITH FLORIDA INTERNATIONAL UNIVERSITY'S HERBERT WERTHEIM COLLEGE OF MEDICINE TO PROVIDE GRADUATE MEDICAL EDUCATION RESIDENCIES IN FAMILY MEDICINE. THE WEST KENDALL BAPTIST HOSPITAL IS DESIGNED TO ACCOMMODATE FUTURE EXPANSION OF UP TO 300 BEDS AND BUILT TO WITHSTAND CATEGORY 5 HURRICANE FORCE WINDS, CAN BE SELF-SUFFICIENT FOR UP TO SEVEN DAYS FOLLOWING A NATURAL DISASTER AND ACHIEVED THE U.S. GREEN BUILDING COUNCIL'S LEADERSHIP IN ENERGY AND ENVIRONMENTAL DESIGN (LEED) GOLD STATUS IN OCTOBER 2011. THERE IS ALSO A 62,000-SQUARE-FOOT BUILDING ADJACENT TO THE HOSPITAL FOR DOCTORS' OFFICES AND OUTPATIENT SERVICES. THE HOSPITAL HAS ADMITTED APPROXIMATELY 8,104 PATIENTS AND MORE THAN 57,908 PATIENTS RECEIVED EMERGENCY CARE DURING FY 2019.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<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 12,000 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 BY THE BAPTIST HEALTH 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-RECOVERY 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 FY2019 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 97,976 OUTPATIENT SURGERIES WERE PERFORMED IN BAPTIST HEALTH IN FY2019 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, 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 OPERATES TWENTY-ONE DIAGNOSTIC IMAGING CENTERS WHICH PROVIDE OUTPATIENT CLINICAL AND IMAGING AND DIAGNOSTIC TESTING SERVICES THROUGHOUT MIAMI-DADE AND BROWARD</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<p>OWARD COUNTIES DURING FY2019, MORE THAN 326,628 PATIENTS 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 72,000 HEALTHCARE PROFESSIONALS ATTENDED MORE THAN 450 COURSES AND EARNED ALMOST 139,500 CME CREDITS BAPTIST HEALTH IS ACCREDITED BY THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION (ACME) 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 FY2019, 27,484 ATTENDEES VISITED COMMUNITY HEALTH PROGRAMS, 6,734 ATTENDEES VISITED COMMUNITY SUPPORT GROUPS, 33,916 INDIVIDUALS RECEIVED HEALTH SCREENINGS AT COMMUNITY HEALTH EVENTS, AND 155,221 INDIVIDUALS PARTICIPATED IN COMMUNITY EXERCISE ACTIVITIES COMMUNITY OUTREACH IN ADDITION TO THE SERVICES DESCRIBED ABOVE, BAPTIST HEALTH PROVIDES FINANCIAL AND OTHER SUPPORT TO HELP UNDERWRITE THE OPERATING EXPENSES OF SEVERAL NEIGHBORHOOD CLINICS THE OPEN DOOR HEALTH CENTER (PART OF COMMUNITY HEALTH OF SOUTH DADE) IN HOMESTEAD, THE GOOD NEWS CARE CENTER IN FLORIDA CITY, THE GOOD HEALTH CLINIC IN TAVERNIER, AND THE SOUTH MIAMI CHILDREN'S CLINIC IN SOUTH MIAMI CLINIC PATIENTS REQUIRING HOSPITALIZATION OR OUTPATIENT SERVICES NOT AVAILABLE AT THE CLINICS ARE OFTEN TREATED AT BAPTIST HEALTH FACILITIES UNDER THE HEALTH SYSTEM'S CHARITY PROGRAM</p>



**Additional Data**

**Software ID:** 18007697  
**Software Version:** 2018v3.1  
**EIN:** 52-2438452  
**Name:** West Kendall Baptist Hospital Inc

**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		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	WEST KENDALL BAPTIST HOSPITAL 9555 SW 162 AVENUE MIAMI, FL 33196 WWW.BAPTISTHEALTH.NET 4505	X	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	Facility , 1 - WEST KENDALL BAPTIST HOSPITAL For its FY2019 Community Health Needs Assessment ("CHNA"), Baptist Health South Florida, Inc and its affiliates ("Baptist Health") conducted the assessment together as a system for the four urban hospitals in the Greater Miami community, home to Baptist Hospital of Miami, Doctors Hospital, South Miami Hospital and West Kendall Baptist Hospital (the "Urban Four Hospitals"), which are situated within six miles of one another The report combines the service areas for the four hospitals into one designated as Baptist Health's Urban Four Hospitals The close proximity of these facilities allows for easy accessibility amongst them The designated service area for the Urban Four Hospitals consists of 33 Zip Codes in Miami Dade County FOCUS GROUPS A total of five (5) focus groups were held 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 Urban Four Hospitals 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 Urban Four Hospitals Focus group insights The focus group participants discussed the topic of behavioral health and the limited resources and stigma surrounding this health concern Highlighted were factors like social exclusion and discrimination, lack of education and low socioeconomic status that can further perpetuate the stigma surrounding behavioral health issues 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 through community-based programming and partnerships that encourage healthier lifestyles and wellness were highlighted as well The focus group participants provided insights into various community partners that can assist in supporting the primary areas of concern for our community

**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 - For its FY2019 CHNA, Baptist Health conducted the assessment together as a system for the Urban Four Hospitals. 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 Urban Four Hospitals' CHNA approach. The report takes into account 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 - West Kendall Baptist Hospital THE URBAN FOUR HOSPITALS 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 * BEHAVIORAL HEALTH * ACCESS TO CARE * AVAILABILITY OF PRIMARY CARE AND PREVENTION * CHRONIC DISEASE MANAGEMENT * HEALTHY LIFESTYLES AND WELLNESS THE WRITTEN IMPLEMENTATION PLAN ADDRESSES EACH OF THESE FIVE PRIORITY AREAS, WITH STRATEGIES ORGANIZED AROUND EACH PRIORITY AREA Behavioral Health * Ten (10) Behavioral Health support groups are offered throughout the Baptist Health system * Through the community health department , Psychotherapists and the Behavioral Health Physician Development representative have collaborated with the Health Channel by PBS to provide informative videos for the community on diverse topics family health and wellness, holiday depression, suicide/suicide prevention, teen violence, depression, exercise and mental health, stress management, post-partum depression, substance use disorders, among others Community Health psychotherapists have also participated in community events such as a workshop on self-care for Marjory Stoneman Douglas, substance use education at Ultra Music Festival, and owning your healthcare at Temple Beth Am Community Health psychotherapists have also helped to train the community in Mental Health First Aid * Psychotherapists have continued collaboration with Baptist Health Primary Care physicians on supporting their Empowerment Program for depression patients * Care on Demand (Tele-Health for Behavioral Health) launched in October 2018 A total of thirty-three (33) Care-On-Demand sessions were provided in FY2019 * In FY2019, in partnership with Banyan Health Systems, Baptist Health entities in Miami-Dade County were able to coordinate the referral of 723 Baker Act patients to behavioral health providers in the community from which 693 were transferred within 4 hours At West Kendall Baptist Hospital, a total of 100 patients (13.8% of total referrals) were referred in FY2019 * Pastoral Care and Chaplaincy services for Baptist Health totaled \$3,110,496 and \$80,575, respectively, in FY2019 * 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 Baptist Health's Community Health department organizes free health fairs for the communities of Miami-Dade, Broward, Monroe, and Palm Beach counties These health fairs offer a variety of resources available to the public and occur either on hospital grounds or in partnership with community organizations In addition to the biometric screenings conducted at Community Health events, the depression screening has been implemented as a first-line screening tool for depression Individuals who receive a positive score receive a f</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	ollow-up phone call after screening and are provided with additional community resources Access to Care * Community Clinics for the uninsured and other support- Baptist Health contributed \$1 788 million in cash to community clinics and \$581,000 in forgone rent and pharmaceutical support Baptist Health provides funding to support operations for seven (7) community clinics the Good News Care Center, Open Door Health Center, South Miami Children' s Clinic, Good Health Clinic, Caring for Miami Project Smile, Camillus House, and Chapman Partnership * Ancillary services- 42 clinic patient encounters were conducted at a total cost to West Kendall Baptist Hospital of \$151,352 \$179,674 was contributed by West Kendal l Baptist Hospital for pharmaceutical support to clinic patients * Baptist Health provide d \$21 414 million in direct support to community physicians for medical care to treat uninsured patients in FY2019 * FAP - West Kendall Baptist Hospital provided \$11 990 million i n charity care which was granted to 1,848 unique individuals through 2,634 total patient encounters * West Kendall Baptist Hospital provided outpatient dialysis, transportation, a nd ALF/SNF for unfunded patients totaling \$257,640 * A total Medicaid shortfall was incur red at West Kendall Baptist Hospital in the amount of \$18 112 million resulting from 16,06 5 total Medicaid cases * In partnership with FIU, South Miami Hospital and West Kendall B aptist Hospital are able to provide enhanced primary and preventive care services in the S outh Miami and West Kendall communities The program has integrated healthcare services to help uninsured household members access care and remove barriers FIU NeighborhoodHELP he lps patients connect patients to healthcare services provided through mobile health center s and refers patients to other community resources, as needed In FY2019, 34 Households, w ith a total of 48 participants, were enrolled in FIU NeighborhoodHELP-West Kendall Baptist Hospital Availability of Primary Care and Prevention * Baptist Health primary care has 1 1 offices serving Miami-Dade County * Baptist Health continues to fund and support contin uing medical education activities It held a total of 465 conferences with 72,219 health p rofessionals in attendance In FY2019, 139,594 CME/CE credits were awarded and a total of 2,227 CME credits were offered * In FY2019, Baptist Health provided 33,916 community heal th-screening encounters for blood pressure, blood glucose, cholesterol, osteoporosis, body /fat ratio, waist circumference, bone and density Additionally, depression-screening ques tionnaires were provided at community events At these events, the community is counseled regarding their results and how to manage any chronic diseases that may result * West Ken dall Baptist Hospital opened a family medicine center with 2 dedicated primary care physic ians and a pediatrician to offer care and prevention to the West Kendall community The ce nter has expanded hours of ope

**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	ration to include 2 Saturdays per month * West Kendall Baptist Hospital increased physical an practicing in the clinic and number of covered lives to include 12 residents in rotation, 1 sports medicine fellow, 5 physicians and 1 nurse practitioner

**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 11 Facility , 2	<p>Facility , 2 - WEST KENDALL BAPTIST HEALTH INC Chronic Disease Management * In an effort to support the Diabetes nurse educators that provide bedside visitation and follow-up telephone calls, West Kendall Baptist Hospital held 1 diabetes management education class, led by a Baptist Health Registered Dietitian with a total of 8 community members * Beat Diabetes, Take Control a CDC recognized Diabetes Prevention Program was held at Baptist Hospital of Miami A key part of the National DPP is the lifestyle change program to prevent or delay type 2 diabetes Hundreds of lifestyle change programs nationwide teach participants to make lasting lifestyle changes, like eating healthier, adding physical activity into their daily routine and improving coping skills This program is proven to prevent or delay type 2 diabetes Participants who lost 5-7% of their body weight and added 150 minutes of exercise per week cut their risk of developing type 2 diabetes by up to 58% (71% for people over 60 years old) * In an effort to improve the overall health of the West Kendall community, West Kendall Baptist Hospital recognizes the need to address and reduce health inequities and disparities West Kendall Baptist Hospital provided a total of 4,427 free health screenings at the West Kendall Healthy Hub, located in the lobby of the main hospital * Baptist Health offers 27 chronic disease support groups West Kendall Baptist Hospital hosts 2 support groups adult diabetes support group and supporting healthy hearts support group * Baptist Health offered 551 community health education programs in FY2019 with a total of 27,484 community participants West Kendall Baptist Hospital hosted 8 community health education programs with 253 community participants in attendance Healthy Lifestyles and Wellness * In FY2019, Baptist Health engaged the community in 150,989 exercise encounters, 122,615 in Miami-Dade These encounters take place at the 110 classes at 25 locations each week dedicated to community exercise including Tai Chi, senior aerobics, weight training, Zumba, Yoga, and our sponsorship of the Dadeland Mall Walkers group * 17 Community Health Fairs and screenings were conducted to identify early markers for chronic disease with 3,366 community members in attendance * Baptist Health's Community Health department conducted follow-up calls and made referrals for high-risk individuals to ensure linkages to care * In FY2019, 83 Nutrition lectures were offered by the Community Health registered dietitians Two (2) free nutrition lectures, which hosted 30 community participants, were held at West Kendall Baptist Hospital ALL IDENTIFIED NEEDS ARE BEING ADDRESSED IN VARIOUS FORMS, EITHER DIRECTLY BY BAPTIST HEALTH OR IN COLLABORATION WITH EXTERNAL COMMUNITY-BASED ORGANIZATIONS</p>

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States  
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service  
Name of the organization

West Kendall Baptist Hospital Inc

Employer identification number

52-2438452

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 3

3 Enter total number of other organizations listed in the line 1 table . . . . . 0



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22  
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	WEST KENDALL BAPTIST HOSPITAL CONTRIBUTES TO ORGANIZATIONS THAT ARE IN ALIGNMENT WITH ITS MISSION THE ORGANIZATION STRIVES TO ENSURE THAT CONTRIBUTIONS ARE MADE TO ORGANIZATIONS THAT IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITIES IT SERVES TYPICALLY MEMBERS OF MANAGEMENT ARE INVOLVED WITH THESE ORGANIZATIONS AND MONITOR THE BENEFITS OUR COMMUNITIES RECEIVE

Additional Data

Software ID: 18007697  
Software Version: 2018v3.1  
EIN: 52-2438452  
Name: West Kendall Baptist Hospital Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ZOO MIAMI FOUNDATION 12400 SW 152 ST MIAMI, FL 33177	59-6192814	501(C)(3)	33,457	0			CONTRIBUTION
FLORIDA INTERNATIONAL UNIVERSITY FOUNDATION INC 11200 SW 8 ST MIAMI, FL 33199	23-7047106	501(C)(3)	32,500	0			CONTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH FLORIDA CENTER FOR PERCUSSIVE ARTS INC 12600 SW 130 ST 10 MIAMI, FL 33186	46-3517541	501(c)(3)	5,000	0			CONTRIBUTION

Schedule J (Form 990)	Department of the Treasury Internal Revenue Service	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</div>	OMB No 1545-0047
			2018
			Open to Public Inspection
Name of the organization West Kendall Baptist Hospital Inc		Employer identification number 52-2438452	

Part I Questions Regarding Compensation		Yes	No
<div>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</div> <div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div>			
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
<div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>			
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	
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				
<b>1</b> Javier Hernandez-Lichtl CEO	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	437,642 -----	300,337 -----	21,822 -----	97,386 -----	28,653 -----	885,840 -----	70,670 -----
<b>2</b> Lourdes Boue VP of Operations	(i)	207,176 -----	111,770 -----	10,115 -----	33,221 -----	24,697 -----	386,979 -----	18,404 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
<b>3</b> Sandra McLean VP of Nursing	(i)	185,617 -----	96,834 -----	16,828 -----	22,715 -----	15,860 -----	337,854 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
<b>4</b> Ralph Rios VP of Professional Service	(i)	188,623 -----	123,985 -----	7,642 -----	44,793 -----	13,448 -----	378,491 -----	38,111 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
<b>5</b> Ansamma John Expert RN	(i)	160,496 -----	2,219 -----	174 -----	3,409 -----	26,355 -----	192,653 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
<b>6</b> Ana Lopez-Samblas Director of Pharmacy	(i)	181,553 -----	26,928 -----	1,200 -----	4,369 -----	28,559 -----	242,609 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
<b>7</b> Abby Marrero Pharmacy Manager	(i)	168,895 -----	18,510 -----	1,255 -----	3,820 -----	11,746 -----	204,226 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
<b>8</b> Heather Pierce AVP of ED & Critical Care	(i)	146,098 -----	36,456 -----	7,339 -----	3,935 -----	26,509 -----	220,337 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
<b>9</b> Aixa Rey Director of Pharmacy Informatics	(i)	167,377 -----	19,251 -----	2,650 -----	3,864 -----	20,039 -----	213,181 -----	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	<p>THE CEO OF WEST KENDALL BAPTIST HOSPITAL IS COMPENSATED BY BAPTIST HEALTH SOUTH FLORIDA (BHSF), A RELATED ORGANIZATION. THE DETERMINATION OF THE COMPENSATION OF THE CEO FOLLOWS THE SAME PROCESS DELINEATED HEREIN. THE BYLAWS OF WEST KENDALL BAPTIST 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:</p> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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).</li> <li>4. NO GUARANTEED SALARY INCREASES: THERE IS NO GUARANTEE OF ANNUAL EXECUTIVE SALARY INCREASES. SALARY INCREASES DEPEND UPON THE ORGANIZATION'S ABILITY TO PAY, THE EXECUTIVE'S SALARY IN RELATION TO THE MARKET, THE EXECUTIVE'S PERFORMANCE LEVEL, AND INTERNAL PAY RELATIONSHIPS TO PEERS.</li> <li>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.</li> <li>6. PERQUISITES: BAPTIST HEALTH EXECUTIVES ARE PROVIDED WITH A COMMON SET OF PERQUISITES THAT ARE TYPICAL OF OTHER RESPONSIBLE NOT-FOR-PROFIT ORGANIZATIONS TO ENABLE THEM TO MORE EFFECTIVELY CONDUCT THEIR BUSINESS. THESE BENEFITS ARE DEEMED BY THE COMPENSATION COMMITTEE TO BE APPROPRIATE AND CONSERVATIVE. PERQUISITES ARE GENERALLY LIMITED TO AUTO AND CELL PHONE ALLOWANCES WHICH ARE FULLY TAXABLE TO THE EXECUTIVE. OTHER PERQUISITES PROVIDED TO EXECUTIVES, SUCH AS PAID TIME OFF OR REIMBURSEMENT FOR RELEVANT EDUCATIONAL EXPENSES, ARE OFFERED TO ALL EMPLOYEES IN ACCORDANCE WITH ENTERPRISE-WIDE POLICIES AND PROCEDURES. BUSINESS TRAVEL FOR EXECUTIVES ON COMMERCIAL AIRLINES IS LIMITED TO COACH FARES (AN UPGRADE TO THE NEXT AVAILABLE CLASS OF SERVICE, E.G., BUSINESS CLASS, MAY BE PERMITTED WHEN THE FLIGHT DURATION IS IN EXCESS OF FIVE HOURS OR AN OVERNIGHT ACCOMMODATION CAN BE AVOIDED). CHARTERED PLANE TRAVEL, SPOUSAL TRAVEL, LUXURY RESIDENCES FOR PERSONAL USE, HEALTH, COUNTRY OR SOCIAL CLUB DUES AND PERSONAL SERVICES (SUCH AS MAID, CHAUFFEUR, CHEF, LANDSCAPER) ARE NOT PROVIDED (OR REIMBURSED) TO BAPTIST HEALTH EXECUTIVES.</li> </ol>

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	AS PART OF THE BAPTIST HEALTH SOUTH FLORIDA EXECUTIVE BENEFIT PLAN, EXECUTIVES ARE ELIGIBLE TO ALLOCATE A PORTION OF THEIR FLEXIBLE SPENDING ALLOWANCE TO A SUPPLEMENTAL SURVIVOR ACCUMULATION BENEFIT (SSAB) ACCOUNT THE SSAB IS A LIFE INSURANCE PRODUCT THAT PROVIDES A DEFERRED RETIREMENT BENEFIT FOR THE EXECUTIVE OR A DEATH BENEFIT FOR THE EXECUTIVE'S SURVIVORS CONTRIBUTIONS TO THE SSAB MAY BE MADE ANNUALLY TO THE PARTICIPANT'S ACCOUNT ALL CONTRIBUTIONS ACCUMULATE, ALONG WITH INVESTMENT EARNINGS, FOR THE PERIOD THE EXECUTIVE PARTICIPATES THE EXECUTIVE DOES NOT HAVE ACCESS TO THE CONTRIBUTIONS MADE OR THE RELATED INVESTMENT INCOME, ALL OF WHICH IS SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE PURSUANT TO THE SSAB PLAN GUIDELINES, THIS BENEFIT IS TERMINATED UPON AN EXECUTIVE REACHING AGE 65 HOWEVER, PAYMENT CAN BE DEFERRED TO A DATE AT LEAST TWO YEARS AFTER REACHING AGE 65 BUT NO LATER THAN 68 AT THAT TIME THE ENTIRE AMOUNT ACCUMULATED IS PAID OUT IN A LUMP SUM

Return Reference	Explanation
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





Additional Data

Software ID: 18007697  
Software Version: 2018v3.1  
EIN: 52-2438452  
Name: West Kendall Baptist 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				
Javier Hernandez-Lichtl CEO	(i)	0	0	0	0	0	0	0
	(ii)	437,642	300,337	21,822	97,386	28,653	885,840	70,670
Lourdes Boue VP of Operations	(i)	207,176	111,770	10,115	33,221	24,697	386,979	18,404
	(ii)	0	0	0	0	0	0	0
Sandra McLean VP of Nursing	(i)	185,617	96,834	16,828	22,715	15,860	337,854	0
	(ii)	0	0	0	0	0	0	0
Ralph Rios VP of Professional Service	(i)	188,623	123,985	7,642	44,793	13,448	378,491	38,111
	(ii)	0	0	0	0	0	0	0
Ansamma John Expert RN	(i)	160,496	2,219	174	3,409	26,355	192,653	0
	(ii)	0	0	0	0	0	0	0
Ana Lopez-Samblas Director of Pharmacy	(i)	181,553	26,928	1,200	4,369	28,559	242,609	0
	(ii)	0	0	0	0	0	0	0
Abby Marrero Pharmacy Manager	(i)	168,895	18,510	1,255	3,820	11,746	204,226	0
	(ii)	0	0	0	0	0	0	0
Heather Pierce AVP of ED & Critical Care	(i)	146,098	36,456	7,339	3,935	26,509	220,337	0
	(ii)	0	0	0	0	0	0	0
Aixa Rey Director of Pharmacy Informatics	(i)	167,377	19,251	2,650	3,864	20,039	213,181	0
	(ii)	0	0	0	0	0	0	0

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

Department of the Treasury

Name of the organization  
West Kendall Baptist Hospital Inc

**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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

**Employer identification number**

52-2438452

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Form 990, Part III, Line 4a PROGRAM ACCOMPLISHMENTS</p>	<p>CONSISTENT WITH ITS SPIRITUAL FOUNDATION, BAPTIST 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, 2019, BAPTIST HEALTH PROVIDED PATIENT SERVICES TO THE SOUTH FLORIDA AREA WITH 93,289 ADULT ADMISSIONS, 460,279 PATIENT DAYS, AND 452,920 EMERGENCY ROOM VISITS. DURING THAT SAME TIME PERIOD, URGENT CARE VISITS TOTALED 326,628, OUTPATIENT SURGERY CASES 97,976, AND TOTAL OUTPATIENT VISITS WERE 1,520,473. SYSTEM-WIDE AS OF SEPTEMBER 30, 2019, THE SYSTEM HAD 2,235 LICENSED INPATIENT BEDS COMPRISED OF 2,037 ACUTE CARE BEDS. IN TOTAL, BAPTIST HEALTH PROVIDED MORE THAN \$390,000,000 IN COMMUNITY BENEFIT DURING FY2019. WE PROVIDED CHARITY CARE VALUED AT \$109,883,000 AS WELL AS \$211,397,000 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 \$35,339,000 TO THE INDIGENT CARE FUND AND EXPENDED \$3,403,000 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 \$1,763,000 TO NEIGHBORHOOD NOT-FOR-PROFIT CLINICS SUCH AS THE OPEN DOOR HEALTH CENTER IN HOMESTEAD, THE SOUTH MIAMI CHILDREN'S CLINIC, THE GOOD NEWS CARE CENTER IN FLORIDA CITY, AND THE GOOD HEALTH CLINIC IN TAVERNIER. BAPTIST HEALTH SPENT \$21,414,000 PAYING PHYSICIANS WHO PROVIDE CARE TO OUR COMMUNITY MEMBERS IN NEED. ADDITIONALLY, WE PROVIDED \$1,771,000 IN CONTINUING MEDICAL EDUCATION, \$3,110,000 IN PALLIATIVE CARE, \$81,000 IN CHAPLAINCY CARE, AND \$1,949,752 IN UNFUNDED PATIENT CARE DURING FY2019. 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 2007, BAPTIST HEALTH INVESTED APPROXIMATELY \$135,000,000 IN BUILDING A REPLACEMENT HOSPITAL FOR HOMESTEAD HOSPITAL. HOMESTEAD HOSPITAL OPERATES AT A LOSS, BUT BAPTIST HEALTH CONTINUES TO OPERATE THIS HOSPITAL BECAUSE IT FILLS AN IMPORTANT COMMUNITY NEED FOR QUALITY HEALTHCARE. ADDITIONALLY, BAPTIST HEALTH HAS INVESTED SUBSTANTIAL FUNDS TO HARDEN ITS FACILITIES TO WITHSTAND A CATEGORY 5 HURRICANE FOR THE PROTECTION OF OUR PATIENTS AND NEIGHBORS. MIAMI CANCER INSTITUTE OFFICIALLY OPENED ITS DOORS IN JANUARY 2017. THE \$430 MILLION, 445,</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4a PROGRAM ACCOMPLISHMENTS	<p>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, WHICH OPENED IN FALL 2017 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 EARLY 2019 AND HAS BEEN AN ESSENTIAL COMPONENT TO SERVING OUT-OF-TOWN PATIENTS AND GUESTS VISITING THE CANCER INSTITUTE IN ADDITION TO THE HEALTH-RELATED BENEFITS LISTED ABOVE, BAPTIST HEALTH ALSO HAS A SIGNIFICANT AND POSITIVE FINANCIAL IMPACT ON OUR COMMUNITY AS OF FY2019, 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 APPLIES TO OUR DAY-TO-DAY OPERATIONS, 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</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



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>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 CONFLICT OF INTEREST. BAPTIST HEALTH HAS A STRONG AND ROBUST CONFLICT OF INTEREST POLICY. THE POLICY IS MEANT TO ENSURE THAT EACH VOTING MEMBER OF THE RESPECTIVE ENTITY'S BOARD GOVERNS THE AFFAIRS OF BAPTIST HEALTH AND ITS AFFILIATES WITH HONESTY AND INTEGRITY AND MAKES DECISIONS FOR THE BENEFIT OF BAPTIST HEALTH. VOTING BOARD MEMBERS MAY NOT BE EMPLOYED BY BAPTIST HEALTH, NOR ENGAGED TO PROVIDE SERVICES TO BAPTIST HEALTH IN EXCHANGE FOR CASH COMPENSATION. CONFLICT FREE DECISION MAKING EXTENDS BEYOND THE BOARD MEMBERS 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 FAMILY HAS A MATERIAL INTEREST. SINCE THE APPEARANCE OF A CONFLICT OF INTEREST MAY BE AS DAMAGING TO BAPTIST HEALTH'S REPUTATION AS ACTUALLY PERMITTING A CONFLICT TO EXIST, EACH BOARD MEMBER HAS A CONTINUING OBLIGATION TO DISCLOSE ANY POTENTIAL CONFLICTS. THIS CONTINUING OBLIGATION IS SUPPLEMENTED BY AN ANNUAL CERTIFICATION THAT THE BOARD MEMBER IS FREE FROM ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. THE ANNUAL CERTIFICATION IS REVIEWED BY THE VICE PRESIDENT OF COMPLIANCE WHO REPORTS DIRECTLY TO THE</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 12c Conflict of interest policy	BOARD POTENTIAL CONFLICTS ARE FURTHER REVIEWED BY THE BOARD'S ETHICS COMMITTEE IF A CONFLICT DOES EXIST, THE CONFLICTED BOARD MEMBER MAY BE REQUIRED TO (I) RESIGN FROM THE BOARD OR (II) ELIMINATE THE RELATIONSHIP, WHICH GIVES RISE TO THE CONFLICT CONFLICT OF INTEREST POLICY COMPLIANCE ONE OF BAPTIST HEALTH'S GREATEST ASSETS IS THE INTEGRITY OF ITS VOLUNTARY BOARD MEMBERS ONE WAY TO ASSURE INTEGRITY IS THEIR COMMITMENT TO A STRINGENT CONFLICT OF INTEREST POLICY FOR THEIR GOVERNING BOARDS AND MANAGEMENT AS A PART OF A ROBUST CONFLICT OF INTEREST POLICY, BOARD MEMBERS MUST ANNUALLY COMPLETE A CONFLICT OF INTEREST DECLARATION FORM THE AUDIT AND COMPLIANCE DEPARTMENT MONITOR TO ENSURE ALL VOTING MEMBERS SUBMIT THE DECLARATION FORM AND PERFORM NECESSARY RESEARCH TO UNDERSTAND IF A POTENTIAL CONFLICT EXISTS ALL DISCLOSURES AND THE RELATED RESEARCH ARE SUMMARIZED FOR THE ETHICS COMMITTEE OF THE BAPTIST HEALTH 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

## 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	E H R Incentive Revenue - Total Revenue 22020, Related or Exempt Function Revenue 22020, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Other Revenue - Total Revenue 207766, Related or Exempt Function Revenue 207766, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

**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 - 161093,

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART IV, LINE 24A BOND LIABILITIES	ALL BOND LIABILITIES ARE REPORTED AT THE PARENT LEVEL, ON SCHEDULE K OF BAPTIST HEALTH SOUTH FLORIDA, INC 'S 2018 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 BAPTIST HEALTH 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, SECTION B, 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 WEST KENDALL BAPTIST HOSPITAL IS COMPENSATED BY BAPTIST HEALTH SOUTH FLORIDA, INC., A RELATED ORGANIZATION. THE DETERMINATION OF THE COMPENSATION OF THE CEO FOLLOWS THE SAME PROCESS DELINEATED HEREIN. THE BYLAWS OF WEST KENDALL BAPTIST 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</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15 PERFORMANCE-BASED EXECUTIVE COMPENSATION	<p>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 COMPOSED OF OTHER COMPLEX NOT-FOR-PROFIT HOSPITAL SYSTEMS OF SIMILAR SIZE AND SCOPE. THE PEER GROUP DOES NOT INCLUDE FOR-PROFIT HOSPITALS, WHOSE COMPENSATION PRACTICES ARE FAR MORE GENEROUS (AND INCLUDE SUCH THINGS AS STOCK OPTIONS AND EQUITY/OWNERSHIP INTERESTS). 4 NO GUARANTEED SALARY INCREASES. THERE IS NO GUARANTEE OF ANNUAL EXECUTIVE SALARY INCREASES. SALARY INCREASES DEPEND UPON THE ORGANIZATION'S ABILITY TO PAY, THE EXECUTIVE'S SALARY IN RELATION TO THE MARKET, THE EXECUTIVE'S PERFORMANCE LEVEL, AND INTERNAL PAY RELATIONSHIPS TO PEERS. 5 AT-RISK INCENTIVE PAY. KEY EXECUTIVES WHO CONTROL SIGNIFICANT ASSETS OR WHO HAVE A MAJOR IMPACT ON OPERATIONS MAY EARN INCENTIVE PAY, CAPPED AT A PRE-DETERMINED PERCENTAGE OF THE EXECUTIVE'S BASE SALARY. THE PURPOSE OF INCENTIVE PAY IS TO FOCUS EXECUTIVE ACTION ON KEY "PERFORMANCE THRESHOLDS" AND CORPORATE GOALS THAT ARE APPROVED BY THE BOARD'S COMPENSATION COMMITTEE. THE ACHIEVEMENT OF THESE GOALS REQUIRES EXTRAORDINARY 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 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 RESI</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15 PERFORMANCE- BASED EXECUTIVE COMPENSATION	DENCES FOR PERSONAL USE, HEALTH, COUNTRY OR SOCIAL CLUB DUES AND PERSONAL SERVICES (SUCH A S MAID, CHAUFFEUR, CHEF, LANDSCAPER) ARE NOT PROVIDED (OR REIMBURSED) TO BAPTIST HEALTH EX ECUTIVES

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
SCHEDULE J PART II COLUMN (B)(II) EXECUTIVE COMPENSATION	ALL EXECUTIVE COMPENSATION IS REVIEWED AND APPROVED ANNUALLY BY THE COMPENSATION COMMITTEE, WHICH IS COMPRISED OF INDEPENDENT UNCOMPENSATED MEMBERS OF THE BOARD OF TRUSTEES WHO HAVE CERTIFIED THAT THEY HAVE NO CONFLICT OF INTEREST WITH THE ORGANIZATION REPORTABLE COMPENSATION INCLUDES BASE SALARY AS WELL AS PAYMENTS UNDER A FORMAL INCENTIVE PLAN, WHICH REWARDS SUCCESSFUL ACHIEVEMENT OF QUALITY, MISSION, CHARITY CARE, AND FINANCIAL CORPORATE OBJECTIVES

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
West Kendall Baptist Hospital Inc

Employer identification number  
52-2438452

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
(1) HEALTHY WEST KENDALL LLC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 47-5288600	HEALTHCARE	FL	0	0	WKBH

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

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

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



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

[illegible]

**Part VII**      **Supplemental Information**

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

Return Reference	Explanation
Schedule R, Part III IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP	NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION   BAPTIST SLEEP CENTERS OF SOUTH FLORIDA LLC EIN   27-3597226 6855 RED ROAD, SUITE 600 CORAL GABLES, FL 33143 NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION   MIAMI CARDIAC AND VASCULAR INSTITUTE MANAGEMENT COMPANY EIN   47-4128811 6855 RED ROAD, SUITE 600 CORAL GABLES, FL 33143 NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION   SOUTH FLORIDA CENTER FOR ENDOSCOPY & DIGESTIVE DISEASE, LLC EIN   65-1112489 7875 SW 104TH ST, SUITE 201 MIAMI, FL 33156

Additional Data

Software ID: 18007697  
Software Version: 2018v3.1  
EIN: 52-2438452  
Name: West Kendall Baptist 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)	10	BHSF		No
3301 OVERSEAS HWY MARATHON, FL 33050 82-1682066	HOSPITAL	FL	501(c)(3)	3	BHSF		No
2815 S SEACREST BLVD BOYNTON BEACH, FL 33435 59-2447553	SUPPORT ORGANIZATION	FL	501(c)(3)	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 59-6775830	SELF INSURANCE TRUST	FL	501(c)(3)	Type I	BHI		No
2815 S SEACREST BLVD BOYNTON BEACH, FL 33435 59-2230109	SELF INSURANCE TRUST	FL	501(c)(3)	Type I	BHI		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
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
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 III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) KENDALL PROFESSIONAL CENTER LIMITED  6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143 59-2645094	LEASING OFFICE SPACE	FL	NA	N/A								
(1) BAPTIST SLEEP CENTERS OF SOUTH FLORIDA LLC  6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143 27-3597226	MEDICAL SERVICES	FL	NA	N/A								
(2) BAPTIST SURGERY AND ENDOSCOPY CENTERS LLC  6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143 20-1796841	MEDICAL SERVICES	FL	NA	N/A								
(3) BAPTIST HEALTH SURGERY CENTER LLC  8900 N KENDALL DRIVE MIAMI, FL 33176 65-0663357	MEDICAL SERVICES	FL	NA	N/A								
(4) AMSURG BAPTIST NETWORK ALLIANCE LLC  6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143 47-3088958	HOLDING COMPANY	FL	NA	N/A								
(5) BAPTIST AMBULATORY ALLIANCE LLC  6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143 81-4431967	HOLDING COMPANY	FL	NA	N/A								
(6) HEALTH NETWORK AMBULATORY ALLIANCE LLC  6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143 81-4490589	HOLDING COMPANY	FL	NA	N/A								
(7) MIAMI CARDIAC AND VASCULAR INSTITUTE MANAGEMENT COMPANY  6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143 47-4128811	CARDIAC MEDICAL CENTER	FL	NA	N/A								
(8) MEDLEY OPPORTUNITY FUND III LP  280 PARK AVENUE 6TH FLOOR EAST NEW YORK, NY 10152 47-1284126	INVESTMENT IN DEBT	NY	NA	N/A								
(9) SOUTH FLORIDA CENTER FOR ENDOSCOPY & DIGESTIVE DISEASE LLC  7875 SW 104TH ST SUITE 201 Miami, FL 33156 65-1112489	MEDICAL SERVICES	FL	NA	N/A								
(10) CARE SERVICES OF BETHESDA LLC  CENTRAL EXPY STE 1300 DALLAS, TX 75206 20-1745631	HOME HEALTH	TX	NA	N/A								
(11) MCCOY INVESTMENTS III LP  250 W 55TH ST 13D NEW YORK, NY 10019 47-1225274	INVESTMENT IN FUNDS	NY	NA	N/A								

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) BAPTIST HEALTH ENTERPRISES INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 59-2572862	REAL ESTATE MANAGEMENT	FL	NA	C Corporation					No
(1) SAMARITAN RISK RETENTION GROUP 146 Fairchild Street Suite 135 Charleston, SC 29492 20-3433505	INSURANCE	SC	NA	C Corporation					No
(2) PINEAPPLE INSURANCE COMPANY  98-0465790	INSURANCE	CJ	NA	C Corporation					No
(3) BMAB EAST TOWER INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 65-4047110	LEASE OFFICE SPACE	FL	NA	C Corporation					No
(4) BAPTIST MEDICAL SERVICES CORP 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 65-0506620	HOLDING COMPANY	FL	NA	C Corporation					No
(5) KENDALL CREDIT & BUSINESS SERVICES INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 65-0434778	COLLECTION AGENCY	FL	NA	C Corporation					No
(6) WEST KENDALL PROFESSIONAL SERVICES INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 65-0475570	COLLECTION AGENCY	FL	NA	C Corporation					No
(7) SOUTH MIAMI HEALTH ENTERPRISES INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 59-2623930	MEDICAL CENTER	FL	NA	C Corporation					No
(8) EAST KENDALL INVESTMENTS INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 65-0593165	REAL ESTATE RENTAL	FL	NA	C Corporation					No
(9) BAPTIST AMBULATORY SERVICES INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 42-1573814	HOLDING COMPANY	FL	NA	C Corporation					No
(10) BHE REALTY INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 90-0152617	REAL ESTATE BROKER	FL	NA	C Corporation					No
(11) BAPTIST ANCILLARY SERVICES INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 55-0800138	HOLDING COMPANY	FL	NA	C Corporation					No
(12) BETHESDA HEALTH PHYSICIAN GROUP INC 2815 S SEACREST BLVD BOYNTON BEACH, FL 33435 65-0561267	PHYSICIAN OFFICES	FL	NA	C Corporation					No
(13) BETHESDA HOLDING COMPANY INC 2815 S SEACREST BLVD BOYNTON BEACH, FL 33435 59-2663767	HOLDING COMPANY	FL	NA	C Corporation					No
(14) PALM BEACH CREDIT ADJUSTORS INC 2815 S SEACREST BLVD BOYNTON BEACH, FL 33435 59-2507658	INVESTMENT	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
(16) BOCACARE INC 800 MEADOWS ROAD BOCA RATON, FL 33486 26-4190328	PHYSICIAN OFFICES	FL	NA	C Corporation					No