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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
BayCare Health System Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
16255 BayVista Drive

City or town, state or country, and ZIP + 4
Clearwater, FL 33760

D Employer identification number
59-2796965

E Telephone number
(727) 519-1200

G Gross receipts $ 294,956,499

F Name and address of principal officer
Tommy Inzina
16255 BayVista Drive
Clearwater, FL 33760

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www baycare org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1997 | **M** State of legal domicile FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
BayCare Health System will improve the health of all we serve through community-owned health care services that set the standard for high-quality, compassionate care

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5	Total number of employees (Part V, line 2a)	5	2,085
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	157,887
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-99,798

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	375,776	39,518
9	Program service revenue (Part VIII, line 2g)	203,631,991	171,229,845
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,873,655	1,121,192
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,222,433	6,216,026
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	213,103,855	178,606,581
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	159,179	138,100
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	94,848,854	105,957,848
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	121,056,396	73,074,088
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	216,064,429	179,170,036
19	Revenue less expenses Subtract line 18 from line 12	-2,960,574	-563,455

		Beginning of Current Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	615,948,667	986,740,376
21	Total liabilities (Part X, line 26)	552,873,256	939,440,360
22	Net assets or fund balances Subtract line 21 from line 20	63,075,411	47,300,016

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2010-11-12

TOMMY INZINA EVP, CFO/CAO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-empolyed ▶ ☐ | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG US LLP
55 IVAN ALLEN BOULEVARD STE 1000
ATLANTA, GA 30308

EIN ▶

Phone no ▶ (404) 874-8300

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

BayCare Health System will improve the health of all we serve through community-owned health care services that set the standard for high-quality, compassionate care

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 156,547,520 including grants of $ 138,100) (Revenue $ 177,467,579)

BayCare Health System, Inc ("BayCare") is the administrator of a regional healthcare system encompassing hospitals and other health care facilities listed on Schedule R of this Form 990 As its mission, BayCare has adopted the following goals in administering the regional healthcare system A To reduce unnecessary duplication of services, technology, facilities and other capital expenditures by coordinating the delivery of health care services on a cost-effective basis, B To establish a community-focused comprehensive delivery system to respond to the changing health care environment and to meet future health care needs of the population served, C To expand access to health care to those individuals in underserved areas or who are otherwise unable to obtain adequate health care due to an inability to pay and to participate in activities designed to promote the health of such individuals, D To reduce the cost of delivering health care services while enhancing the general quality of and access to health care furnished, E To provide broad access to quality health care at the least possible cost, F To construct, own, acquire, lease, manage, operate, provide and maintain hospitals, other health care facilities, nursing homes, congregate living facilities, clinics, infirmaries and other establishments and programs providing health care, surgery, treatment and services to all areas of the community, the sick, the aged, the disabled and infirm, G To provide counseling, patient education, self care and home health care services for the sick, aged, disabled and infirm, H To carry on any educational activities related to rendering care to the sick, injured and aged, or to the promotion of health, that in the opinion of the Board of Trustees may be justified by the facilities, personnel, funds and other requirements that are, or can be, made available, I To promote and carry on scientific research related to the care of the sick and injured, J To participate in joint or coordinated planning, service, development, and management operations and endeavors, experimental or otherwise, with other health care providers in order to lower costs and increase quality and accessibility of necessary health care services, and to engage in other operations, services or functions in health care and health care planning, K To enter into arrangements with managed care organizations and other third party payors on behalf of members of the regional healthcare system to ensure the provision of high quality, cost-effective health care services to patients, L To enable the members of the regional healthcare system to compete more effectively, M To provide a means by which physicians may participate together with the members of the regional healthcare system in a lawful integrated delivery network providing broad geographic coverage of physicians, hospitals and other health care services that benefit the community as well as third-party payors, N To construct, own, acquire, lease, manage, operate, provide and maintain any facilities, programs, goods and services (management or otherwise), and related activities, in furtherance of health care or health education, either directly or indirectly, O To solicit, receive and manage state, federal, local and private grants, gifts, donations, devises and bequests, and to provide grants, loans, scholarships and donations, in furtherance of the aforementioned charitable projects and purposes, and to advance the quality and availability of health care services, AND P To promote, support and enhance the mission, identity and purposes of each member of the regional healthcare system while accomplishing the foregoing purposes

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

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

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

4e **Total program service expenses** ▶ $ 156,547,520

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• 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.*			
	• 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.*			
	• 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.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — **Yes** / **No**	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**	Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	577		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	2,085		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ, UK See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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.

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	21		
b	Enter the number of voting members that are independent	1b	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

TOMMY INZINA EVPCFOCAO
16255 Bay Vista Drive
Clearwater, FL 33760
(727) 820-8004

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

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 Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees 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 the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
See add'l data										

1b Total . . . . . ▶	7,491,586	0	409,231

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 91

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Cerner PO BOX 412702 KANSAS CITY, MO 641412702	Consulting/IT	8,150,975
CSC Consulting Inc PO BOX 905145 CHARLOTTE, NC 282905145	Consulting/IT	2,125,093
Liberty Solutions Inc 19 TEMPLETON TRAIL ORCHARD PARK, NY 14127	Consulting/IT	2,072,122
MICROSOFT SERVICES PO Box 844510 DALLAS, TX 75284	IT Consult /Software	1,821,912
SIEMENS MEDICAL SOLUTIONS USA Dept at 40065 ATLANTA, GA 31192	IT SUPPORT	3,675,668
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 90		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 39,518				
	g	Noncash contributions included in lines 1a-1f $ 14,518					
	h	**Total.** Add lines 1a-1f		39,518			
Program Service Revenue			Business Code				
	2a	Management Fees	561,000	164,616,077	164,616,077		
	b	Billing/Collection Fees	561,000	3,978,650	3,978,650		
	c	Premier Purchasing Partners	561,000	2,635,118	2,656,826	-21,708	
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		171,229,845			
	3	Investment income (including dividends, interest and other similar amounts)		2,537,785			2,537,785
	4	Income from investment of tax-exempt bond proceeds		193,102			193,102
	5	Royalties		0			

		(i) Real	(ii) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					

		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	114,728,841	11,382			
	b	Less cost or other basis and sales expenses	115,987,612	362,306			
	c	Gain or (loss)	-1,258,771	-350,924			
	d	Net gain or (loss)		-1,609,695			-1,609,695
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	SUPPLY CHAIN FEES	561,000	5,767,391	5,767,391		
	b	OTHER REVENUE	446,199	448,635	269,040	179,595	
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		6,216,026			
	12	**Total revenue.** See Instructions		178,606,581	177,287,984	157,887	1,121,192

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	138,100	138,100		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	5,599,198	187,257	5,411,941	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	80,271,704	79,411,286	860,418	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,977,674	4,924,319	53,355	
9	Other employee benefits	8,829,562	8,734,920	94,642	
10	Payroll taxes	6,279,710	6,036,801	242,909	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	1,097,595		1,097,595	
c	Accounting	812,916		812,916	
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17*	0			
f	Investment management fees	248,636		248,636	
g	Other	17,105,873	16,474,948	630,925	
12	Advertising and promotion	936,393	936,313	80	
13	Office expenses	8,752,063		8,752,063	
14	Information technology	27,613,935	27,564,692	49,243	
15	Royalties	0			
16	Occupancy	13,398,324	11,053,084	2,345,240	
17	Travel	1,207,585	488	1,207,097	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	718,289	574,755	143,534	
23	Insurance	112,909		112,909	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	MANAGEMENT FEES TO AFFILIATES	370,060		370,060	
b	MISC EXPENSES	699,510	510,557	188,953	
c					
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	179,170,036	156,547,520	22,622,516	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		10,073,999	1	3,190,307
	2	Savings and temporary cash investments			2	309,000
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		2,303,195	4	0
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		5,170,000	7	13,675,347
	8	Inventories for sale or use		6,122,468	8	7,783,871
	9	Prepaid expenses and deferred charges		14,702,501	9	15,593,619
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 230,862,552			
	b	Less accumulated depreciation	10b 116,443,089	118,057,653	10c	114,419,463
	11	Investments—publicly traded securities		40,677,302	11	82,618,554
	12	Investments—other securities See Part IV, line 11		20,880,358	12	51,886,850
	13	Investments—program-related See Part IV, line 11		4,331,605	13	4,033,995
	14	Intangible assets			14	3,184,940
	15	Other assets See Part IV, line 11		393,629,586	15	690,044,430
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		615,948,667	16	986,740,376
Liabilities	17	Accounts payable and accrued expenses		143,461,189	17	147,993,862
	18	Grants payable			18	
	19	Deferred revenue		786,551	19	343,579
	20	Tax-exempt bond liabilities		180,955,000	20	778,985,264
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		121,020,647	24	567,031
	25	Other liabilities Complete Part X of Schedule D		106,649,869	25	11,550,624
	26	**Total liabilities.** Add lines 17 through 25		552,873,256	26	939,440,360
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		62,825,411	27	47,050,016
	28	Temporarily restricted net assets		250,000	28	250,000
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		63,075,411	33	47,300,016
	34	Total liabilities and net assets/fund balances		615,948,667	34	986,740,376

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BayCare Health System Inc

Employer identification number
59-2796965

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

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

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

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

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

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

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

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

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

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

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

a ☑ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☑ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
See Additional Data Table									
Total									156,409,420

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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—2008.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
BayCare Health System Inc	59-2796965

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		1,000
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		335,819
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			336,819
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i
Also, complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BayCare Health System Inc

Employer identification number
59-2796965

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in 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 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 XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 Investment earnings or 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 year end balance held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		31,398,233		31,398,233
b Buildings				
c Leasehold improvements		12,015,278	4,763,482	7,251,796
d Equipment		174,597,864	111,262,778	63,335,086
e Other		12,851,177	416,829	12,434,348
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				114,419,463

Part VII Investments—Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
HARBOURVEST FUND VII	821,054	C
HARBOURVEST FUND VIII	949,796	C
OAKTREE CAPITAL MANAGEMENT	7,132,217	F
LSV EMERGING MARKETS	5,424,148	F
MONDRIAN INT'L SMALL CAP	5,231,128	F
BLACKSTONE	2,620,804	F
NTGI SP 500 FD NL	79,791	F
NTGI SP 500 FD	20,012,411	F
NTGI AGG BD FD	9,615,501	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	51,886,850	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
DEPOSITS	102,566
SWAP FMV	9,137,943
DUE FROM AFFILIATES	680,803,921
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	690,044,430

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
ABANDONED PROPERTY	678,397
MULTI YEAR LEASE ARRANGEMENTS	521,788
SERP LIABILITY	10,350,439
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	11,550,624

2. Fin 48 Footnote In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	178,606,581
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	179,170,036
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-563,455
4	Net unrealized gains (losses) on investments	4	15,318,369
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	15,318,369
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	14,754,914

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	17,750,025
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	15,318,369		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	15,318,369
3	Subtract line **2e** from line **1**			3	2,431,656
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	176,174,925		
c	Add lines **4a** and **4b**			4c	176,174,925
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	178,606,581

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	2,995,111
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	2,995,111
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	176,174,925		
c	Add lines **4a** and **4b**			4c	176,174,925
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	179,170,036

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Reconciliation of Revenue	Part XII, Line 4b - Other	Revenues netted with Expenses $176,174,925
Reconciliation of Expenses	Part XIII, Line 4b - Other	Expenses netted with Revenues $176,174,925

Additional Data

Software ID:
Software Version:
EIN: 59-2796965
Name: BayCare Health System Inc

Form 990, Schedule D, Part VII - Investments— Other Securities

(a) Description of security or cateory (including name of security)	**(b)** Book value	**(c)** Method of valuation Cost or end-of-year market value
HARBOURVEST FUND VII	821,054	C
HARBOURVEST FUND VIII	949,796	C
OAKTREE CAPITAL MANAGEMENT	7,132,217	F
LSV EMERGING MARKETS	5,424,148	F
MONDRIAN INT'L SMALL CAP	5,231,128	F
BLACKSTONE	2,620,804	F
NTGI SP 500 FD NL	79,791	F
NTGI SP 500 FD	20,012,411	F
NTGI AGG BD FD	9,615,501	F

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BayCare Health System Inc

Employer identification number
59-2796965

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** 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 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Program Services	Insurance	31,294,485
Central America and the Caribbean			Investments		
East Asia and the Pacific			Investments		
Europe (Including Iceland and Greenland)			Investments		
Middle East and North Africa			Investments		
North America			Investments		
Russia and the Newly Independent States			Investments		
South America			Investments		
South Asia			Investments		
Sub-Saharan Africa			Investments		
Totals . . . . . ▶	0	0			31,294,485

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 (Form 990) if additional space is needed.

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BayCare Health System Inc

Employer identification number
59-2796965

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Museum of Science and Industry4801 East Fowler Avenue Tampa, FL 33617	592657399	501(c)(3)	100,000				Sponsor exhibit
Global Health Ministry3805 W Chester Pike Newton Square, PA 19073	233068656	501(c)(3)	30,000				Support med mission
University of South Florida 4202 East Fowler Avenue Tampa, FL 33620	593102112	501(c)(3)	8,000				Conference sponsorship

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 3

3 Enter total number of other organizations . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Form 990, Schedule I	Description of Organization's Procedures for Monitoring the Use of Grants	BayCare Health System contributes to organizations that are in alignment with our mission We strive to ensure that contributions are made to organizations that improve the health and well-being of the communities we serve Typically, members of management are involved with these organizations and monitor the benefits our local community receives from these contributions

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BayCare Health System Inc

Employer identification number
59-2796965

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**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) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Stephen Mason	(i)	924,854	410,673	1,275,750	12,152	23,131	2,646,560	296,668
	(ii)	0	0	0	0	0	0	0
Tommy Inzina	(i)	506,339	250,000	501,183	20,200	9,538	1,287,260	15,257
	(ii)	0	0	0	0	0	0	0
Denton Crockett Jr	(i)	391,543	122,129	82,522	14,527	9,454	620,175	0
	(ii)	0	0	0	0	0	0	0
Lindsey Jarrell	(i)	324,268	107,701	6,690	64,985	5,380	509,024	0
	(ii)	0	0	0	0	0	0	0
Christopher Jenkins	(i)	155,853	17,963	1,228	8,230	3,984	187,258	0
	(ii)	0	0	0	0	0	0	0
Cynthia Davis	(i)	225,825	69,547	7,245	38,196	8,108	348,921	0
	(ii)	0	0	0	0	0	0	0
Craig Brethauer	(i)	299,386	93,117	102,580	12,250	5,720	513,053	17,440
	(ii)	0	0	0	0	0	0	0
Bruce Flareau	(i)	292,118	93,823	19,213	62,913	10,799	478,866	0
	(ii)	0	0	0	0	0	0	0
Diane Kazmierski	(i)	310,921	100,084	89,786	12,250	7,374	520,415	5,880
	(ii)	0	0	0	0	0	0	0
Denise Remus	(i)	255,407	74,924	21,880	55,007	7,534	414,752	0
	(ii)	0	0	0	0	0	0	0
James Schwamb	(i)	219,076	67,962	69,996	9,879	7,620	374,533	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
Supplemental Compensation Information	Part I, Line 4b	Stephen Mason - Participated in a supplemental nonqualified deferred compensation plan He had $1,198,710 in benefits vest in 2009 This amount is included in Part II (B)(iii) other compensation Tommy Inzina - Participated in a supplemental nonqualified deferred compensation plan He had $470,852 in benefits vest in 2009 This amount is included in Part II (B)(iii) other compensation Denton Crockett, Jr - Participated in a supplemental nonqualified deferred compensation plan He had $66,511 in benefits vest in 2009 This amount is included in Part II (B)(iii) other compensation He had an additional $2,277 of nonvested benefits accrue during 2009 This amount is included in Part II Column C The plan made a cash distribution of $24,243 in 2009 Lindsey Jarrell - Participated in a supplemental nonqualified deferred compensation plan He had $0 in benefits vest in 2009 He had $54,505 of nonvested benefits accrue during 2009 This amount is included in Part II Column C Cynthia Davis - Participated in a supplemental nonqualified deferred compensation plan She had $0 in benefits vest in 2009 She had $29,412 of nonvested benefits accrue during 2009 This amount is included in Part II Column C Craig Brethauer - Participated in a supplemental nonqualified deferred compensation plan He had $77,740 in benefits vest in 2009 This amount is included in Part II (B)(iii) other compensation The plan made a cash distribution of $28,336 in 2009 Bruce Flareau - Participated in a supplemental nonqualified deferred compensation plan He had $0 in benefits vest in 2009 He had $50,663 of nonvested benefits accrue during 2009 This amount is included in Part II Column C Diane Kazmierski - Participated in a supplemental nonqualified deferred compensation plan She had $82,674 in benefits vest in 2009 This amount is included in Part II (B)(iii) other compensation The plan made a cash distribution of $30,135 in 2009 Denise Remus - Participated in a supplemental nonqualified deferred compensation plan She had $0 in benefits vest in 2009 She had $42,818 of nonvested benefits accrue during 2009 This amount is included in Part II Column C James Schwamb - Participated in a supplemental nonqualified deferred compensation plan During the year, James became 100% vested in his benefits He had $39,944 in benefits vest in 2009 This amount is included in Part II (B)(iii) other compensation The plan made a cash distribution of $14,560 in 2009
Supplemental Compensation Information	Part I, line 7	80 percent of the incentive compensation for which an individual is eligible would be considered fixed based on the instructions 20 percent would be considered non-fixed and is based on the discretion of the employee's immediate supervisor

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BayCare Health System Inc

Employer identification number
59-2796965

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	Pinellas County Health Facilities Authority	59-2384219	72316mey1	04-09-2009	200,000,000	Series 2009A refund bonds		X		X
B	Pinellas County Health Facilities Authority	59-2384219	72316meq8	04-26-2006	154,430,000	Series 2006B refund bonds		X		X
C	Pinellas County Health Facilities Authority	59-2384219	72316mdh9	02-19-2003	149,137,719	Series 2003 finance projects	X			X
D	Pinellas County Health Facilities Authority	59-2384219	72316mdv8	11-18-2003	84,263,694	Series 2003a-1 refund bonds		X		X
E	Pinellas County Health Facilities Authority	59-2384219	72316meg0	11-18-2003	35,950,000	Series 2003a-2 refund bonds		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	200,000,000	154,430,000	153,050,725	84,263,694	35,950,000
2	Gross proceeds in reserve funds	15,865,619		15,865,619		
3	Proceeds in refunding or defeasance escrows	154,200,000	154,149,589		82,025,677	34,640,045
4	Other unspent proceeds					
5	Issuance costs from proceeds	2,285,000	3,562,074	1,527,209	2,238,017	1,309,955
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	132,696,739		132,696,739		
8	Year of substantial completion	2010	2005	2005	1996	1996

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?	X			X		X	X		X	
10	Were the bonds issued as part of an advance refunding issue?		X	X			X		X		X
11	Has the final allocation of proceeds been made?	X				X					
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X				X					

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X				
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X		X				

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	X		X		X					
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X				
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %		0 %				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %		0 %				
6	Total of lines 4 and 5		0 %		0 %		0 %				
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X					

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		X
2	Is the bond issue a variable rate issue?	X		X			X		X	X	
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X		X			X		X		X
b	Name of provider	goldman sachs bank		morgan stanley cap							
c	Term of hedge		29 6		27 6						
4a	Were gross proceeds invested in a GIC?		X		X		X		X		X
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X	X		X			X		X
6	Did the bond issue qualify for an exception to rebate?	X			X		X	X		X	

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Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶**See separate instructions.**

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2009

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Name of the organization
BayCare Health System Inc

Employer identification number
59-2796965

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
T Tremaine on BOD of BCHS Dir of	Board Member	103,793	Investment Services		No

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BayCare Health System Inc

Employer identification number
59-2796965

Identifier	Return Reference	Explanation

Identifier	Return Reference	Explanation
Supplemental Information		Form 990, Part VI, Question 2 - Description of Business Relationship Stephen Mason and Tommy Inzina are both officers of the Organization, as well as Board members of a taxable entity, which is an affiliate of the filing Organization Form 990, Part VI, Question 6 - Description of Classes of Members or Stockholders The Corporate Members of the organization are Morton Plant Mease Health Care, Inc , Catholic Health East, and South Florida Baptist Hospital, Inc Form 990, Part VI, Question 7a - Description of Classes of Persons and the Nature of Their Rights The Board of Trustees is appointed by the Corporate Members as follows Morton Plant Mease Health Care, Inc appoints nine members, Catholic Health East appoints nine members, and South Florida Baptist Hospital, Inc appoints two members Each Corporate Member shall be entitled to one vote on any matter submitted to the Corporate Members for approval The CEO serves ex-officio with vote Form 990, Part VI, Question 7b - Descr Classes of Persons, Decisions Requiring Appr & Type of Voting Rights There are reserved powers for the Corporate Members included in the Bylaws See attached excerpt from Bylaws Section 2 Corporate Member Reserved Rights The business and affairs of the Corporation shall be managed by or under the direction of the Board of Trustees of the Corporation except as follows A Corporate Member Reserved Rights Relative to the Corporation The Corporate Members shall have the right to approve the actions of the Board of Trustees of the Corporation with regard to the following 1 Fundamental change in the philosophy, mission statement or purposes of the Corporation 2 Changes in the Articles of Incorporation of the Corporation or in these Amended and Restated Bylaws 3 Approval of amendments to the Joint Operating Agreement (JOA) pursuant to and in accordance with the terms and conditions of the J0A 4 Approval of the merger, consolidation, dissolution, sale or other transfer of substantially all assets of the Corporation, or other change in corporate form, causing a fundamental reorganization 5 Approval of additional Corporate Members of the Corporation (and any corresponding changes in the Percentage Interests of the Corporate Members pursuant to and in accordance with the JOA) 6 Approval of the establishment of a common obligated group to consolidate the Indebtedness of the Participants B Corporate Member Reserved Rights Relative to Respective Participants Each Corporate Member (or, in the case of South Florida, its corporate Members) will have the right to approve the actions of the Board of Trustees of the Corporation with respect to the following matters, as applicable 1 With respect to a Corporate Member's Hospital Participant(s) (a) Approval of the closure of a hospital facility of a Hospital Participant (b) Change in the name of the hospital facility of the Hospital Participant (c) Approval of substantive changes in the Articles of Incorporation and Bylaws of the Hospital Participant (provided that prior notice of any change in the Articles of Incorporation or Bylaws of a CHE Entity shall be provided to CHE and, if such change, as a result of CHE being a Catholic entity, must be approved by the Corporate members of CHE, such change, regardless of whether it is substantive as a matter of civil law, shall be subject to the approval of CHE) 2 With respect to all CHE Entities (a) Approval by CHE of any sale, long term lease, mortgage, encumbrance, or disposition of property of any of the CHE Entities constituting an "alienation" under principles of canon law (b) Approval by CHE of matters relating to the implementation of and compliance with the Ethical and Religious Directives for Catholic Health Care Services, as the same may be revised from time to time, subject to and in accordance with the JOA (c) Approval of substantive changes in the Articles of Incorporation and Bylaws of the Participant (provided that prior notice of any change in the Articles of Incorporation or Bylaws of a CHE Entity shall be provided to CHE and, if such change, as a result of CHE being a Catholic entity, must be approved by the corporate members of CHE, such change, regardless of whether it is substantive as a matter of civil law, shall be subject to the approval of CHE) 3 With respect of all Participants (a) Approval of the philosophy, mission statement and purposes of the participant, provided that such philosophy, mission statement and purposes shall at all times be consistent with the philosophy, mission statement and purposes of the Corporation and the operations of the JOA (b) Approval of the merger, consolidation, dissolution, sale or other transfer of substantially all asset of the Participant, or other change in corporate form, causing a fundamental reorganization of the Participant The approvals set forth in this subparagraph (b) shall not be deemed in any way to diminish the rights of the Corporation with regard to the governance and management of the Non-Hospital Participants as described in the JOA (c) Subject to Article 111, Section 2 8 2 (a), with regard to any assets of a Participant no longer required in the operation of the JOA, approval of any sale or other disposition of any assets not in the ordinary course which have a value in excess of $5 million, and with regard to all other assets of a Participant used in the operation of the JOA, approval of any sale or other disposition of such assets not in the ordinary course (but the foregoing is not intended to limit any transfer of the location of the assets from one Participant to another in connection with a reconfiguration of services duly authorized hereunder, including under Article IV, Section 2 (iv) below, if required) Form 990, Part VI, Question 11 & 11a - Describe the Process used by Management &/or Governing Body to Review 990 The Form 990 is prepared by the organization and reviewed by the CFO, as well as the organization's paid preparer A final copy of the Form 990 was reviewed by a subcommittee of the Board of Directors Prior to filing with the IRS, a final copy of the Form 990 will be made available to the entire Board via a web portal Form 990, Part VI, Question 12c - Description of Process to Monitor Transactions for Conflicts of Interest BayCare Health System, Inc has two separate conflict of interest procedures, one that relates to Board members and another that relates to non-board member employees Both groups are required on an annual basis to complete, sign and file an annual disclosure statement detailing existing or potential conflicts of interests For Board members, the review of conflicts or potential conflicts occurs at the Board or committee level After disclosure of the Board Member's or Committee Member's actual or potential conflict, the following procedures for addressing the conflict of interest will be adhered to by each Board and all Committees with Board delegated powers, without exception 1 The interested Director or Committee member shall leave the Board or Committee meeting while the conflict of interest issue is discussed 2 The remaining Board or Committee Members shall decide if a conflict of interest exists 3 If a conflict of interest is deemed to exist a The Chairperson of the Board or Committee shall, if appropriate, appoint a disinterested individual or committee to investigate the proposed transaction or arrangement b The Board or Committee shall determine whether the BayCare entity can obtain a more advantageous transaction or arrangement with reasonable efforts from an individual or entity that would not give rise to a conflict of interest c If a more advantageous transaction or arrangement is not reasonably available, the Board or Committee shall determine whether the transaction or arrangement is in the BayCare entity's best interest, and whether the transaction is fair and reasonable to BayCare An interested Director or Committee Member shall not vote, participate in, influence or attempt to influence any determination or proceedings The Director or Committee Member may, however, respond to questions posed by the Board or Committee regarding the contract or transaction Any such contract or transaction must be authorized by a vote of at least two-thirds (2/3) of the Directors or Committee Members entitled to vote at a meeting at which a quorum was present Any interested Director or Committee Member may not be counted in determining the existence of a quorum For employees, the review of conflicts of interest or potential conflicts goes to the Conflict of Interest Determination Committee This committee consists of BayCare Chief Compliance Officer, the Corporate Responsibility Officers, and the BayCare Vice President of Team Resources This committee shall determine if an actual conflict exists and any action required to address the conflict of interest situation

Identifier	Return Reference	Explanation
Supplemental Info - Part 2		Form 990, Part VI, Question 15a & 15b - Process used for Compensation Review and Approval The organization uses an independent compensation committee, appointed by the Board of Directors The Compensation Committee's purpose is to provide oversight for the organization's executive compensation program, review and approve compensation and benefits for all "disqualified persons" subject to the Intermediate Sanctions regulations issued under Section 4958 of the Internal Revenue Code (including the Chief Executive Officer, Chief Administrative Officer & CFO, other system and entity executives, and other disqualified persons as defined in the Intermediate Sanctions regulations (i e , voting members of the governing body, family members, former officers)), and establish the compensation philosophy for all other executives This committee engages nationally recognized compensation consultants to assist them in review of executive compensation The compensation consultants provide a review of each vice president and above in the system to determine if that employee's compensation is reasonable w hen compared against market standards The data review ed comes from compensation studies that include comparable compensation for similarly qualified persons in functionally comparable positions at similarly situated organizations The organization keeps contemporaneous minutes of the compensation committees meetings and decisions A review of compensation w as completed in 2009 Form 990, Part VI, Question 16b - Procedure to evaluate Joint Venture Arrangements The organization has a Joint Venture committee of subject matter experts w ho review potential arrangements w ith taxable joint ventures Included in their review is a review for compliance w ith relevant tax law s Form 990, Part VI, Question 19 - How and If the Governing Documents, Conflict of Interest Policy and Financial Statements are Made Available to the Public The organization's financial statements are available through DAC for bond investors Governing documents and policies are not available for public inspection Form 990, Part VII, Section A, Column B - Estimated hours w orked by officers, directors, trustees, key employees, and highest compensated employees at related entities Alan Bomstein - Trustees of Mease Hospital, Inc - 1 Alan Bomstein - Morton Plant Hospital Assoc , Inc - 1 Alan Bomstein - Morton Plant Mease Health Care, Inc - 1 Albert Whitaker - South Florida Baptist Hospital, Inc - 1 Albert Whitaker - St Joseph's Hospital, Inc - 1 Albert Whitaker - St Joseph's Health Care Center, Inc - 1 Bruce Rodw ell - South Florida Baptist Hospital, Inc - 1 Bruce Rodw ell - South Florida Baptist Hospital Foundation, Inc - 1 Bruce Rodw ell - St Joseph's Hospital, Inc - 1 Bruce Rodw ell - St Joseph's Health Care Center, Inc - 1 Catherine Karl - St Anthony's Hospital, Inc - 1 Craig Brethauer - BayCare Emergency Assistance Program, Inc - 1 Denton Crockett Jr - BayCare Home Care, Inc - 22 Denton Crockett Jr - Trustees of Mease Hospital, Inc - 1 Denton Crockett Jr - Morton Plant Hospital Assoc , Inc - 1 Denton Crockett Jr - Morton Plant Mease Health Services, Inc - 1 Denton Crockett Jr - St Anthony's Hospital, Inc - 1 Denton Crockett Jr - St Anthony's Prof Building & Services, Inc - 1 Denton Crockett Jr - South Florida Baptist Hospital, Inc - 1 Denton Crockett Jr - St Joseph's Enterprises, Inc - 1 Denton Crockett Jr - St Joseph's Hospital, Inc - 1 Ed Armstrong - Trustees of Mease Hospital, Inc - 1 Ed Armstrong - Morton Plant Hospital Assoc , Inc - 1 Ed Armstrong - Morton Plant Mease Health Care, Inc - 1 John P Borreca - South Florida Baptist Hospital, Inc - 1 John P Borreca - St Joseph's Hospital, Inc - 1 John P Borreca - St Joseph's Health Care Center, Inc - 1 Larry Morgan - Trustees of Mease Hospital, Inc - 1 Larry Morgan - Morton Plant Hospital Assoc , Inc - 1 Larry Morgan - Morton Plant Mease Health Care, Inc - 1 Mahesh Amin, MD - Trustees of Mease Hospital, Inc - 1 Mahesh Amin, MD - Morton Plant Hospital Assoc , Inc - 1 Mahesh Amin, MD - Morton Plant Mease Health Care, Inc - 1 Michael Williamson, MD - Trustees of Mease Hospital, Inc - 1 Michael Williamson, MD - Morton Plant Hospital Assoc , Inc - 1 Michael Williamson, MD - Morton Plant Mease Health Care, Inc - 1 Nora Musselman - South Florida Baptist Hospital, Inc - 1 Nora Musselman - St Joseph's Hospital, Inc - 1 Nora Musselman - St Joseph's Hospital, Inc Foundation - 1 Nora Musselman - St Joseph's Health Care Center, Inc - 1 Odalys Lara - Trustees of Mease Hospital, Inc - 1 Odalys Lara - Morton Plant Hospital Assoc , Inc - 1 Odalys Lara - Morton Plant Mease Health Care, Inc - 1 Odalys Lara - Morton Plant Mease Primary Care, Inc - 1 Robert B McGivney - Trustees of Mease Hospital, Inc - 1 Robert B McGivney - Morton Plant Hospital Assoc , Inc - 1 Robert B McGivney - Morton Plant Mease Health Care, Inc - 1 Stephen Mason - BayCare Behavioral Health, Inc - 1 Stephen Mason - Behavioral Health Management Services, Inc - 1 Stephen Mason - BayCare Home Care, Inc - 1 Stephen Mason - Trustees of Mease Hospital, Inc - 1 Stephen Mason - Morton Plant Hospital Assoc , Inc - 1 Stephen Mason - Morton Plant Mease Health Care, Inc - 1 Stephen Mason - Morton Plant Mease Primary Care, Inc - 1 Stephen Mason - St Anthony's Hospital, Inc - 1 Stephen Mason - St Joseph's Health Care Center, Inc - 1 Thom Tremaine - St Anthony's Hospital, Inc - 1 Tommy Inzina - BayCare Behavioral Health, Inc - 1 Tommy Inzina - BayCare Home Care, Inc - 1 Tommy Inzina - Morton Plant Mease Health Care, Inc - 1 Tommy Inzina - St Joseph's Health Care Center, Inc - 1 V Raymond Ferrara - Trustees of Mease Hospital, Inc - 1 V Raymond Ferrara - Morton Plant Hospital Assoc , Inc - 1 V Raymond Ferrara - Morton Plant Mease Health Care, Inc - 1 V Raymond Ferrara - Morton Plant Mease Health Services, Inc - 1 William Tapp - St Anthony's Hospital, Inc - 1 William West - St Joseph's Hospital, Inc Foundation - 1 William West - BayCare Health Systems, Inc - 1 William West - South Florida Baptist Hospital, Inc - 1 William West - St Joseph's Hospital, Inc - 1 William West - St Joseph's Health Care Center, Inc - 1

Supplemental Info - Part 3 Form 990, Schedule K, Supplemental Information Schedule K - Part I (f) - Description of Purpose (A) Series 2009A Principal purpose of currently refunding all of the outstanding Pinellas County Health Facilities Authority Health System Revenue Bonds, BayCare Health System Issue, Series 2006A issued April 26, 2006 (B) Series 2006B Principal purpose of advance refunding all of the outstanding Pinellas County Health Facilities Authority Health System Revenue Bonds, BayCare Health System Issue, Series 2003 issued February 19, 2003 (C) Series 2003 Principal purpose of financing and reimbursing the costs of acquisition and construction of certain capital improvements for certain healthcare facilities (D) Series 2003A-1 Principal purpose of currently refunding all of the outstanding (i) City of Dunedin Hospital Revenue Refunding Bonds, Series 1993 (Mease Health Care) issued 04/07/1993 and (ii) Pinellas County Health Facilities Authority Hospital Revenue Bonds, Series 1993 (Morton Plant Health System Project) issued 08/24/1993 (E) Series 2003A-2 Principal purpose of currently refunding all of the outstanding (i) City of Dunedin Hospital Revenue Refunding Bonds, Series 1993 (Mease Health Care) issued 04/07/1993 and (ii) Pinellas County Health Facilities Authority Hospital Revenue Bonds, Series 1993 (Morton Plant Health System Project) issued 08/24/1993 Each of the listed bond issues were issued by the Pinellas County Health Facilities Authority with BayCare Health System, Inc as the conduit borrower Each of the following entities within the BayCare Health System benefited from one or more of the listed bond issues BayCare Health System, Inc Morton Plant Hospital Association, Inc Morton Plant Mease Health Care, Inc South Florida Baptist Hospital, Inc St Anthony's Hospital, Inc St Joseph's Hospital, Inc Trustees of Mease Hospital, Inc Schedule K, Part II, Line 5 A - Issuance Costs = $1,898,764, Credit Enhancement Fees = $386,236 B - Issuance Costs = $932,131, Credit Enhancement Fees = $2,629,943 C - Issuance Costs = $1,527,209, Credit Enhancement Fees = $0 D - Issuance Costs = $756,017, Credit Enhancement Fees = $1,482,000 E - Issuance Costs = $333,955, Credit Enhancement Fees = $976,000 Schedule K, Part II, Line 12 The organization does maintain adequate books and records to support the allocation of proceeds, however a final allocation is not required for refunding issues Schedule K, Part III, Line 3a BayCare, with assistance of legal counsel, continues to monitor and review all managment contracts and operating agreements for compliance with the safe harbor provisions of Rev Proc 97-13 Schedule K, Part III, Lines 4-6 The organization has used a combination of bond funds and equity to construct, expand, and/or renovate hospital facilities Consistent with the instructions, the costs related to issuance and credit enhancements are not considered in these calculations Schedule K, Part IV, Line 5 For any gross proceeds invested beyond an available temporary period, the investments are properly yield-restricted in accordance with the arbitrage restrictions

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BayCare Health System Inc

Employer identification number
59-2796965

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN 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
BayCare Ambulatory Services LLC 8452 118th Ave North Largo, FL 33773 33-1205788	health srvcs	FL	353,924	912,937	na
BayCare Integrated Service Center LLC 8731 Florida Mining Blvd Tampa, FL 33634 59-2796965	procure/distr	FL	1,753,798	9,736,723	na
BayCare Properties LLC 8452 118th Ave North Largo, FL 33773 59-2796965	Real estate	FL	0	0	na

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

See Additional Data Table

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
BayCare Purchasing Partners LLC 16255 Bay Vista Dr Clearwater, FL33760 64-0950837	Group purch org	FL	na	Related	278,374	423,100		No		Yes	
Care Ride LLC 59-3565490	transport srvcs	FL	BayCare Home Ca	n/a							

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
Bay Vista Claims Service Inc 16255 Bay Vista Dr Clearwater, FL33760 74-3168200	claims admin	FL	na	C corp	-109,117	109,421	100 000 %
BCHS Insurance Inc 720 West Bay Road Buckingham Sqr Grand Cayman KY1-1102 CJ 99-9999999	Insurance captive	CJ	na	C corp	9,803,760	183,480,230	100 000 %

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

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

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 59-2796965
Name: BayCare Health System 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 501(c)(3))	(f) Direct Controlling Entity
BayCare Behavioral Health Inc 7809 Massachusetts Ave New Port Richey, FL34653 59-1371752	health srvcs	FL	501(c)(3)	7	na
Morton Plant Mease Primary Care Inc 300 S Park Place Blvd Ste 170 Clearwater, FL33759 59-3140335	health srvcs	FL	501(c)(3)	9	na
San Damiano Enterprises Inc 3001 W Dr Martin Luther King Jr Tampa, FL33607 59-2822514	invest outpat	FL	501(c)(3)	11B	na
South Florida Baptist Hospital Inc 301 N Alexander Street Plant City, FL33563 59-0594631	medical srvcs	FL	501(c)(3)	3	na
St Anthony's Hospital Inc 1200 Seventh Ave North St Petersburg, FL33705 59-2043026	medical srvcs	FL	501(c)(3)	3	na
St Anthony's Prof Building & Services 1200 Seventh Ave North St Petersburg, FL33705 59-2018848	owns property	FL	501(c)(3)	11A	na
St Joseph's Ancillary Services Inc 3001 W Dr Martin Luther King Jr Tampa, FL33607 59-2795925	promotes hlth	FL	501(c)(3)	11B	na
St Joseph's Community Care Inc 3001 W Dr Martin Luther King Jr Tampa, FL33607 59-3152608	medical asst	FL	501(c)(3)	11B	na
St Joseph's Enterprises Inc 3001 W Dr Martin Luther King Jr B Tampa, FL33607 59-2822516	invest outpat	FL	501(c)(3)	11B	na
St Joseph's Health Care Center Inc 3001 W Dr Martin Luther King Jr B Tampa, FL33607 59-2593686	supporting	FL	501(c)(3)	11B	na
St Joseph's Hospital Inc 3001 W Dr Martin Luther King Jr B Tampa, FL33607 59-0774199	health srvcs	FL	501(c)(3)	3	na
BayCare Emergency Assist Program Inc 16255 Bay Vista Drive Clearwater, FL33760 59-2697770	emerg assist	FL	501(c)(3)	9	na
Trustees of Mease Hospital Inc 601 Main Street Dunedin, FL34698 59-0855412	hlth srvcs	FL	501(c)(3)	3	na
BayCare Home Care Inc 8452 118th Ave North Largo, FL33773 59-3582520	home hlth srv	FL	501(c)(3)	3	na
Behavioral Health Management Svcs Inc 300 Pinellas Street Adler 5 Clearwater, FL33756 59-3279573	health srvcs	FL	501(c)(3)	3	BCBH
Franciscan Properties Inc 3001 W Dr Martin Luther King Jr Bl Tampa, FL33607 59-2822519	supports SJH	FL	501(c)(3)	11B	na
John Knox Village of Tampa Bay Inc 4100 Fletcher Ave Tampa, FL33613 58-1377711	retire cmmnty	FL	501(c)(3)	9	na
Morton Plant Hospital Association Inc 300 Pinellas Street Clearwater, FL33756 59-0624462	health srvcs	FL	501(c)(3)	3	na
Morton Plant Mease Health Care Inc 300 Pinellas Street Clearwater, FL33756 59-2374556	Support srvcs	FL	501(c)(3)	11B	na
Morton Plant Mease Health Services Inc 8452 118th Ave N Largo, FL33773 59-2600684	health srvcs	FL	501(c)(3)	3	na

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	BayCare Behavioral Health Inc	k	1,161,855
(2)	Behavioral Health Management Services Inc	k	130,490
(3)	BayCare Home Care Inc	k	5,263,565
(4)	BayCare Behavioral Health Inc	n	149,281
(5)	BayCare Behavioral Health Inc	q	21,589,579
(6)	BayCare Home Care Inc	q	33,564,616
(7)	Behavioral Health Management Services Inc	r	1,406,551

Additional Data

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Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
MORTON PLANT HOSPITAL ASSOCIATION	590624462	03	Yes						38105091
ST ANTHONY'S HOSPITAL	592043026	03	Yes						14027169
ST JOSEPH'S HOSPITAL	590774199	03	Yes						64439841
SOUTH FLORIDA BAPTIST HOSPITAL	590594631	03	Yes				Yes		3816702
BAYCARE HOME CARE	593582520	03		No					4815724
TRUSTEES OF MEASE HOSPITAL	590855412	03	Yes						28613418
JOHN KNOX VILLAGE OF TAMPA BAY	581377711	09		No					1401994
MPM HEALTH SERVICES	592600684	03		No					1189481

Additional Data

Software ID:
Software Version:
EIN: 59-2796965
Name: BayCare Health System Inc

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
Mahesh Amin MD Trustee	1.0	X						0	0	0
Mary Arghittu OSF Trustee	1.0	X						0	0	0
Ed Armstrong Trustee	1.0	X						0	0	0
Alan Bomstein Trustee	1.0	X						0	0	0
John P Borreca Chairman	1.0	X		X				0	0	0
George M Cantonis Trustee	1.0	X						0	0	0
V Raymond Ferrara Trustee	1.0	X						0	0	0
Catherine Karl Trustee	1.0	X						0	0	0
Odalys Lara Trustee	1.0	X						0	0	0
Robert B McGivney Trustee, Secretary/Treasurer	1.0	X		X				0	0	0
Larry Morgan Vice-Chairman	1.0	X		X				0	0	0
Nora Musselman Trustee	1.0	X						0	0	0
Bruce Rodwell Trustee	1.0	X						0	0	0
Dan Russell Trustee	1.0	X						0	0	0
Gladys Sharkey OSF Trustee	1.0	X						0	0	0
William Tapp Trustee	1.0	X						0	0	0
Thom Tremaine Trustee	1.0	X						0	0	0
William West Trustee	1.0	X						0	0	0
Albert Whitaker Trustee	1.0	X						0	0	0
Michael Williamson MD Trustee	1.0	X						0	0	0
Stephen Mason President/CEO	45.0	X		X				2,611,277	0	35,283
Tommy Inzina Chief Admin Officer/CFO	45.0			X				1,257,522	0	29,738
Denton Crockett Jr Sr VP Ambulatory Services	23.0				X			596,194	0	23,981
Lindsey Jarrell Sr VP Information Services/CIO	45.0				X			438,659	0	70,365
Christopher Jenkins Dir Technology Services	45.0				X			175,044	0	12,214

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
Cynthia Davis VP, Clinical Transformation	45 0				X			302,617	0	46,304
Craig Brethauer VP Team Resources	45 0					X		495,083	0	17,970
Bruce Flareau VP Physician Alignment/Cmio	45 0					X		405,154	0	73,712
Diane Kazmierski VP Managed Care	45 0					X		500,791	0	19,624
Denise Remus Chief Quality Officer	45 0					X		352,211	0	62,541
James Schwamb VP Patient Financial Services	45 0					X		357,034	0	17,499