See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318043602

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

C Name of organization
Morton Plant Hospital Association Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO Box 210

City or town, state or country, and ZIP + 4
Clearwater, FL 33757

D Employer identification number
59-0624462

E Telephone number
(727)462-7878

G Gross receipts $ 574,714,110

F Name and address of principal officer
Glenn Waters
PO Box 210
Clearwater, FL 33757

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) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www mortonplant com

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1919 | **M** State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Morton Plant Hospital Association 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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	3,965
6	Total number of volunteers (estimate if necessary)	**6**	1,208
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	3,734,976
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-316,366

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	9,049,032	10,603,737
	9 Program service revenue (Part VIII, line 2g)	524,822,122	558,705,604
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	246,563	200,993
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,501,022	5,170,390
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	537,618,739	574,680,724
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,501,900	4,975,238
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	177,900,809	190,193,377
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	307,304,930	312,953,861
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	489,707,639	508,122,476
	19 Revenue less expenses Subtract line 18 from line 12	47,911,100	66,558,248

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	629,094,467	678,628,559
	21 Total liabilities (Part X, line 26)	57,610,267	58,171,539
	22 Net assets or fund balances Subtract line 21 from line 20	571,484,200	620,457,020

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: 2012-11-08

CARL TREMONTI CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ▶☐ | Preparer's taxpayer identification number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4
ERNST & YOUNG US LLP
55 IVAN ALLEN BOULEVARD SUITE 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

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission

Morton Plant Hospital association 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 418,583,766 including grants of $ 4,975,238) (Revenue $ 561,126,086)

Morton Plant Hospital Association, Inc (MPHA) is a full-service 913-bed community hospital During 2011, MPHA provided inpatient care to 33,352 patients, treated 105,839 patients in the emergency department, and delivered 2,501 babies Through efforts of the medical assistance program and the hospital's charity care program MPHA saw a net community benefit expense of $25 6 million The hospital also provided other community services totaling more than $2 5 million Some of the programs included Supportive Housing Overlay Program, Turley Family Health Center, Faith Community Nursing, and Indigent Diabetic Patient Follow-up Program Refer to Schedule H for additional information

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** ▶ $ 418,583,766

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
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 and IV*	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 and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	Yes	

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**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) 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 (or a family member thereof) 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**		No
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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	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

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	486		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	3,965			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," 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 or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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?			**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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds 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**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	22		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14		
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 governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Carl Tremonti
1240 S Ft Harrison Ave
Clearwater, FL 33756
(727) 462-7176

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								1,228,802	5,737,599	365,485

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 80

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BAY LINEN INC 11525 47TH ST NORTH CLEARWATER, FL 33762	LAUNDRY SERVICES	2,949,407
AEGIS THERAPIES INC PO BOX 8103 FORT SMITH, AR 72902	THERAPY SERVICES	2,863,238
BRASFIELD GORRIE LLC 200 COLONIAL PKY LAKE MARY, FL 32746	CONSTRUCTION SVCS	2,378,345
UNIV OF SOUTH FLORIDA 12901 BRUCE B DOWNS BLVD TAMPA, FL 33612	PHYSICIAN SERVICES	1,850,398
CREATIVE CONTRACTORS INC 620 DREW ST CLEARWATER, FL 34615	CONSTRUCTION SVCS	7,011,519

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 68

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	3,539,216			
	e	Government grants (contributions)	1e	1,338,086			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,726,435			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		10,603,737			
Program Service Revenue			Business Code				
	2a	HOSPITAL PATIENT CARE	621999	272,374,997	268,656,666	3,718,331	
	b	MEDICARE/MEDICAID NET REVENUE	621999	284,832,446	284,832,446		
	c	RENTAL INCOME FROM AFFILIATES	531120	1,498,161	1,498,161		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		558,705,604			
	3	Investment income (including dividends, interest and other similar amounts)		204,179			204,179
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real / (ii) Personal				
	6a	Gross rents	739,375 /				
	b	Less rental expenses	/				
	c	Rental income or (loss)	739,375 /				
	d	Net rental income or (loss)		739,375			739,375
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	/ 30,200				
	b	Less cost or other basis and sales expenses	/ 33,386				
	c	Gain or (loss)	/ -3,186				
	d	Net gain or (loss)		-3,186			-3,186
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	MISCELLANEOUS	621999	2,208,660	2,192,015	16,645	
	b	CAFETERIA	722310	2,010,533			2,010,533
	c	COMMUNITY AFFAIRS	523000	211,822	211,822		
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		4,431,015			
	12	**Total revenue.** See Instructions		574,680,724	557,391,110	3,734,976	2,950,901

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)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	4,975,238	4,975,238		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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	425,633	425,633		
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	160,111,690	159,754,566	357,124	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,444,158	5,432,015	12,143	
9	Other employee benefits	12,911,879	12,883,079	28,800	
10	Payroll taxes	11,300,017	11,276,621	23,396	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	389,485		389,485	
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	0			
g	Other	21,315,329	19,734,602	1,580,727	
12	Advertising and promotion	736,544	710,144	26,400	
13	Office expenses	8,749,978	5,164,249	3,585,729	
14	Information technology	455,693	443,656	12,037	
15	Royalties . .	0			
16	Occupancy	12,682,738	12,494,843	187,895	
17	Travel	405,944	157,450	248,494	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	6,823,465	6,823,465		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	32,080,107	32,020,226	59,881	
23	Insurance	4,874,823		4,874,823	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	MEDICAL SUPPLIES	96,557,311	96,554,175	3,136	
b	MANAGEMENT FEES	76,277,171		76,277,171	
c	BAD DEBT EXPENSE	33,085,554	33,085,554		
d	ASSESSMENTS	6,208,943	6,208,943		
e					
f	All other expenses	12,310,776	10,439,307	1,871,469	
25	**Total functional expenses.** Add lines 1 through 24f	508,122,476	418,583,766	89,538,710	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		161,061	1	6,625
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		61,778,102	4	63,249,458
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	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		0	6	0
	7	Notes and loans receivable, net		2,146,544	7	2,711,734
	8	Inventories for sale or use		8,421,023	8	8,751,049
	9	Prepaid expenses and deferred charges		1,876,838	9	2,030,715
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 597,379,596			
	b	Less accumulated depreciation	10b 302,951,104	285,337,451	10c	294,428,492
	11	Investments—publicly traded securities		1,615	11	462
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		4,790,118	13	5,211,056
	14	Intangible assets		14,421,178	14	14,371,179
	15	Other assets See Part IV, line 11		250,160,537	15	287,867,789
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		629,094,467	16	678,628,559
Liabilities	17	Accounts payable and accrued expenses		24,257,795	17	24,572,315
	18	Grants payable		0	18	0
	19	Deferred revenue		5,676,878	19	2,438,224
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		4,669,564	23	4,246,184
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		23,006,030	25	26,914,816
	26	**Total liabilities.** Add lines 17 through 25		57,610,267	26	58,171,539
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		571,482,585	27	620,150,382
	28	Temporarily restricted net assets		1,615	28	306,638
	29	Permanently restricted net assets		0	29	0
		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		571,484,200	33	620,457,020
	34	Total liabilities and net assets/fund balances		629,094,467	34	678,628,559

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	574,680,724
2	Total expenses (must equal Part IX, column (A), line 25)	2	508,122,476
3	Revenue less expenses Subtract line 2 from line 1	3	66,558,248
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	571,484,200
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-17,585,428
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	620,457,020

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
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 separate basis, consolidated 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	Yes	
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	Yes	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318043602

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

2011

Open to Public Inspection

Name of the organization
Morton Plant Hospital Association Inc

Employer identification number
59-0624462

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)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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?
Total									

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 59-0624462
Name: Morton Plant Hospital Association Inc

Form 990, Special Condition Description:

Special Condition Description

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			
GLENN WATERS DIRECTOR AND PRESIDENT	10	X		X				0	1,010,668	155,126
MAHESH AMIN DIRECTOR AND VICE CHAIRMAN	10	X		X				0	0	0
ED ARMSTRONG DIRECTOR AND CHAIRMAN	10	X		X				0	0	0
RICHARD BEKESH DIRECTOR	10	X						0	0	0
ALAN BOMSTEIN DIRECTOR	10	X						0	0	0
JAMES CANTONIS DIRECTOR	10	X						0	0	0
V RAYMOND FERRERA DIRECTOR	10	X						0	0	0
WILLIAM HORNE DIRECTOR AND SECRETARY	10	X		X				0	0	0
JIM HUGUET DIRECTOR	10	X						0	0	0
LONNIE KLEIN DIRECTOR	10	X						0	0	0
ODALYS LARA DIRECTOR	10	X						0	0	0
ROBERT MCGIVNEY DIRECTOR AND TREASURER	10	X		X				0	0	0
LARRY MORGAN DIRECTOR	10	X						0	0	0
GARY MOSKOVITZ DIRECTOR	10	X						0	0	0
THOMAS NASH DIRECTOR	10	X						0	0	0
GAIL WRIGHT DIRECTOR	10	X						0	0	0
STEPHEN MASON DIRECTOR	10	X						0	3,128,039	25,026
MARC BOWMAN DIRECTOR	10	X						0	0	0
DEWEY MITCHELL DIRECTOR	10	X						0	0	0
NANCY RIDENOUR DIRECTOR	10	X						0	0	0
STEPHANIE VANZANDT DIRECTOR	10	X						0	0	0
THOMAS WHIDDON DIRECTOR	10	X						0	0	0
CARL TREMONTI CFO	10			X				0	368,020	39,913
ROBERT LYNCH DIRECTOR CARDIOLOGY SERVICES	450				X			201,732	0	15,635
DIANA SHAND-KREIDLER DIRECTOR SURGICAL SERVICES	450				X			186,576	0	21,690

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			
HARREL ZIECHECK COO NORTH BAY HOSPITAL	1 0				X			0	527,888	19,244
THOMAS DORIA DIRECTOR PATIENT CARE - MPH	4 5 0					X		186,086	0	13,134
PATRICIA SAVITSKY CLINICAL PHARMACIST	4 5 0					X		176,948	0	9,382
SHANNON HANCOCK DIR PATIENT SERVICES - MPNB	4 5 0					X		155,748	0	20,432
ENVERA CELO CLINICAL NURSE III	4 5 0					X		161,798	0	15,746
TERRY KARFONTA DIR PATIENT SERVICES - MP RHB	4 5 0					X		159,914	0	16,474
PETER BLUMENCRANZ FORMER DIRECTOR/PHYSICIAN	1 0						X	0	702,984	13,683

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318043602

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

2011

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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 35c (Proxy Tax), then

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

Name of the organization	Employer identification number
Morton Plant Hospital Association Inc	59-0624462

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 on behalf of or in opposition to candidates for public office 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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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) 2008	(b) 2009	(c) 2010	(d) 2011	(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)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
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?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		3,136
j	Total lines 1c through 1i			3,136
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
Part II-B, Line 1i		Dues were paid to the National Association of Psychiatric Health Systems and the Florida Health Care Association, the associations use a portion of the dues to conduct lobbying activities

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318043602

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Morton Plant Hospital Association Inc

Employer identification number
59-0624462

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		30,490,098		30,490,098
b Buildings		358,731,191	152,740,711	205,990,480
c Leasehold improvements		6,671,142	2,954,811	3,716,331
d Equipment		192,539,776	147,255,582	45,284,194
e Other		8,947,389		8,947,389
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				294,428,492

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
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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
(1) DEPOSITS	169,475
(2) PPD PHYSICIAN RECRUITMENT LT	146,339
(3) DUE FROM AFFILIATES	287,551,975
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	287,867,789

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
ESTIMATED THIRD PARTY SETTLEMENTS	26,493,532
DEPOSITS	18,567
ASSET RETIREMENT OBLIGATION ST	165,000
ASSET RETIREMENT OBLIGATION LT	237,717
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	26,914,816

2. Fin 48 (ASC 740) 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 (ASC740)

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	574,680,724
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	508,122,476
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	66,558,248
4	Net unrealized gains (losses) on investments	4	-13,231,599
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-4,877,302
9	Total adjustments (net) Add lines 4 - 8	9	-18,108,901
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	48,449,347

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	554,721,547
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
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	
3	Subtract line **2e** from line **1**			3	554,721,547
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	19,959,177		
c	Add lines **4a** and **4b**			4c	19,959,177
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	574,680,724

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

1	Total expenses and losses per audited financial statements			1	506,272,197
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	506,272,197
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	1,850,279		
c	Add lines **4a** and **4b**			4c	1,850,279
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	508,122,476

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
Schedule D Supplemental Information		Schedule D, Part XI, Line 8 Contributions in net assets ($4,877,302) Schedule D, Part XII, Line 4b Contributions in net assets $4,877,302 Unrealized loss on swaps $13,231,596 Revenues netted with expenses $1,850,279 Total $19,959,177 Schedule D, Part XIII, Line 4b Revenues netted with expenses $1,850,279

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318043602

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Morton Plant Hospital Association Inc

Employer identification number
59-0624462

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☑ Other **250. %**	3a	Yes	
b	Did the organization use FPG to determine eligibility for providing *discounted* care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other **%**	3b		No
c	If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Did the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit reportduring the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheet 1)	2	24,814	24,057,737	1,269,905	22,787,832	4 800 %
b Medicaid (from Worksheet 3, column a)	2	41,256	50,501,053	47,970,400	2,530,653	0 530 %
c Costs of other means-tested government programs (from Worksheet 3, column b)	2	220	269,692	28,135	241,557	0 050 %
d **Total** Charity Care and Means-Tested Government Programs	6	66,290	74,828,482	49,268,440	25,560,042	5 380 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	39	20,103	358,255		358,255	0 080 %
f Health professions education (from Worksheet 5)	6	100	1,991,151		1,991,151	0 420 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)	2		129,515		129,515	0 030 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	20	207	63,081		63,081	0 010 %
j **Total** Other Benefits	67	20,410	2,542,002		2,542,002	0 540 %
k **Total.** Add lines 7d and 7j	73	86,700	77,370,484	49,268,440	28,102,044	5 920 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 **Total**						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense	2	32,569,390		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	17,372,881		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	143,172,731		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	155,377,041		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-12,204,310		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 2

	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	MORTON PLANT HOSPITAL 300 PINELLAS STREET CLEARWATER, FL 33756	X	X		X			X		
2	MORTON PLANT NORTH BAY HOSPITAL 6600 MADISON STREET NEW PORT RICHEY, FL 34652	X	X					X		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

MORTON PLANT HOSPITAL

Name of Hospital Facility: _____

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	**1**		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		
5 Did the hospital facility make its Needs Assessment widely available to the public?	**5**		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	**7**		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**8**	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	**9**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 250 %			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10		No
	If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☑ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☐ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☑ Reporting to credit agency			
	b ☑ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16	Yes	
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☑ Reporting to credit agency			
	b ☑ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☑ Notified patients of the financial assistance policy upon admission			
	b ☑ Notified patients of the financial assistance policy prior to discharge			
	c ☑ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☑ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

MORTON PLANT NORTH BAY HOSPITAL

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 250 %			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10		No
	If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☑ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☐ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☑ Reporting to credit agency			
	b ☑ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16	Yes	
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☑ Reporting to credit agency			
	b ☑ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☑ Notified patients of the financial assistance policy upon admission			
	b ☑ Notified patients of the financial assistance policy prior to discharge			
	c ☑ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☑ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? **2**

	Name and address	Type of Facility (Describe)
1	BARDMOOR EMERGENCY ROOM 8839 BRYAN DAIRY RD LARGO,FL 33777	ER - 24 HOURS
2	MORTON PLANT REHAB CENTER 400 CORBETT STREET BELLEAIR,FL 33756	REHAB FACILITY
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
Part I Line 3c		Patients who are uninsured or underinsured and cannot pay for hospital services are eligible for charity consideration These patients are screened by designated team members in our Financial Assistance Department The Agency for Health Care Administration (AHCA) defines charity eligibility at 200 percent of the federal poverty guidelines, unless the total hospital bill is more than 25 percent of the patient's annual income Medicaid recipients who have exceeded their coverage limits are also considered for charity care Morton Plant Hospital Association, Inc goes above and beyond the AHCA requirements by providing additional "hardship" charity for patients who are at 250 percent of the federal poverty guidelines In addition, an uninsured discount of 40% is given to any patient who does not have insurance coverage or benefits There is no income or asset test required for the uninsured discount Patients receive an additional 10% discount if the account is paid within 30 days

Identifier	ReturnReference	Explanation
Part I Line 6a		

Identifier	ReturnReference	Explanation
Part I Line 7		Financial assistance and means-tested government programs costs (lines A through D) are determined using our cost accounting system, which captures all inpatients and outpatients, including emergency room patients The system also captures all patient pay types - private insurance, Medicare, Medicaid, uninsured and self pay The costs have been offset by any payments received from Medicaid or any other uncompensated care program Other benefits at cost (lines E through J, as well as amounts reported in Part II) were compiled by the community health department using the Catholic Health Association guide for planning and reporting community benefits

Identifier	ReturnReference	Explanation
Part I Line 7 Column f		Bad Debt expense of $33,085,554 was included on form 990, Part IX, Line 25, Column (a), but subtracted for purposes of calculating the percentage in this column

Identifier	ReturnReference	Explanation
Part III Line 4		The organization's financial statements do not include a footnote directly on bad debt expense Bad debt expense is reported as total bad debt for the facility The amount of bad debt expense attributable to patients eligible for financial assistance is calculated as a charge ratio, derived from data sampling The resulting charge ratio is then applied to total bad debt accounts of the organization, which calculates the bad debt attributable to finance assistance The state of Florida requires the patient to provide certain documentation in order to qualify for financial assistance In cases where the patient has not responded to hospital requests or billing statement alerts, those accounts are processed as bad debt, if unpaid

Identifier	ReturnReference	Explanation
Part III Line 8		Cost reports were used to report Medicare allowable costs Medicare defines allowable costs as those appropriate and helpful in developing and maintaining the operation of patient care facilities and activities It specifically excludes certain costs that are not directly related to patient care The hospital incurs additional expense related to the provision of care to Medicare patients that Medicare has deemed non-allowable This additional expense includes costs of physician services (emergency on-call fees, hospitalist program, recruitment, etc), advertising costs, cafeteria costs for meals sold to visitors, etc The hospital attempts to collect coinsurance and deductibles from Medicare beneficiaries To the extent collection efforts are unsuccessful, Medicare reimburses the hospital at 70% of unpaid amounts The following table reconciles the surplus or shortfall from Line 7 to the actual surplus or shortfall The additional costs were allocated to Medicare based upon Medicare's percentage of total allowable costs The unpaid coinsurance/deductibles were estimated using historical collection results Line 7 Surplus or (Shortfall) ($12,204,310) Additional non-allowable costs and unpaid/non-reimbursed coinsurance/deductibles ($13,487,598) Total Surplus or (Shortfall) ($25,691,908)

Identifier	ReturnReference	Explanation
Part III Line 9b		Patients who are unable to pay are encouraged by BayCare Health System representatives, via personal interviews, signage, patient billing mailers, brochures or Customer Service phone calls, to submit financial information to the Financial Assistance Department to determine eligibility for programs, such as County, Medicaid, Disability, Victims of Crime, Charity, etc For those patients who provide all the necessary documentation and qualify for charity according to the Financial Assistance policy, (defined in Part I, line 3c), patients' account would be written off completely to charity and not billed to the patients

Identifier	ReturnReference	Explanation
Part V Section B Line 10		An uninsured discount of 40% is given to any patient who does not have insurance coverage or benefits There is no income or asset test required for the uninsured discount Patients receive an additional 10% discount if the account is paid within 30 days

Identifier	ReturnReference	Explanation
Part V Section B Line 19d		Patients who are uninsured or underinsured and cannot pay for hospital services are eligible for charity consideration These patients are screened by designated team members in our Financial Assistance Department The Agency for Health Care Administration (AHCA) defines charity eligibility at 200 percent of the federal poverty guidelines, unless the total hospital bill is more than 25 percent of the patient's annual income Medicaid recipients who have exceeded their coverage limits are also considered for charity care Morton Plant Hospital Association, Inc goes above and beyond the AHCA requirements by providing additional "hardship" charity for patients who are at 250 percent of the federal poverty guidelines Once a patient is identified as eligible for financial assistance their account balance is written off 100% to charity write-offs and are no longer billed for services provided

Identifier	ReturnReference	Explanation
2 - Needs assessment		Morton Plant Hospital Association, Inc is committed to meeting the needs of the community it serves Our quality philosophy is modeled around understanding our customers' needs in the communities it serves Morton Plant Hospital Association, Inc addresses community health status assessments by accessing existing third party databases profiling health status information for geographies it serves The assessments provide a profile of health status indicators in comparison to state averages and, if available, national benchmarks In addition, Morton Plant Hospital Association, Inc conducts physician community need studies that outline physician deficits by specialty for the geographic area served Studies are also conducted to identify gaps in geographic access to services such as primary care, outpatient services and inpatient services All of the above processes occur on an ongoing basis to assist Morton Plant Hospital Association, Inc in developing initiatives and programs/services to address identified health care need in the communities it serves

Identifier	ReturnReference	Explanation
3 - Patient education of eligibility for assistance		Morton Plant Hospital Association, Inc Financial Assistance team members are dedicated to assisting patients in obtaining assistance through federal, state and local government programs or through the Morton Plant Hospital Association, Inc financial assistance policy Signage and brochures are available, as well as team members whose full responsibility is to assist patients in the emergency room and on inpatient units The Financial Assistance team interviews patients for all available programs, assists the patients in completing applications to government agencies and for hospital charity care, advises patients regarding available community resources for health care, reviews and approves patient requests for charity care, and provides education and support to the patient throughout the assistance process In addition to the aforementioned comprehensive process, Morton Plant Hospital Association, Inc also informs and educates patients who may be billed for patient care, but may be eligible for charity or other programs, via patient billing mailers and customer service representative calls The goal in using these various means is to effectively communicate with the entire patient population so they are informed and educated about their eligibility for assistance

Identifier	ReturnReference	Explanation
4 - Community information		Morton Plant Hospitals is in a suburban setting serving parts of Pasco and Pinellas counties The average income is lower than both the state and national averages The population served is predominantly Caucasian and high-school or higher educated Hispanics are the second largest ethnic group representing 8% of the population and 13% of households are poverty level Morton Plant Hospitals are part of BayCare Health System that serves west central Florida The area served by Morton Plant Hospitals has 13 hospitals with 6 being Not-for Profit There are 6 federally designated medically underserved areas in Morton Plant Hospitals' service area With the service area expanding and the over 65 population expected to grow 12% in the next five years, the health care needs of our service area are expanding and changing The population served by Morton Plant Hospitals is expected to grow 2% in the next 5 years This expected growth is less than half the expected growth rate for the United States However, the population Age 55+ is expected to grow 18% in the next 5 years The community experiences higher incidence rates compared to the state of Florida in the following areas adults with asthma, HIV cases, AIDs cases, adults with high blood cholesterol, melanoma, asthma hospitalization, adult smokers, domestic violence, fully immunized kindergarteners and sexually transmitted diseases Based on Florida inpatient discharge data for the period of 07/01/10-06/30/11, the payor mix for the geographic area consists of 54 6% Medicare/Medicare HMO, 13 5% Medicaid/Medicaid HMO, 21 2% Commercial Insurance, 7 3% Self-pay, and 3 4% Other

Identifier	ReturnReference	Explanation
5 - Promotion of community health (part 1)		Morton Plant Hospital Association, Inc The history of Morton Plant Hospital Association b egan in 1916 when Morton F Plant responded to the lack of hospitals and medical care in t he area by helping the community raise funds needed to open a 20-bed hospital Morton Plan t North Bay Hospital opened in 1965 in New Port Richey, Florida and was subsequently acqui red by Morton Plant Hospital Association, Inc Today, Morton Plant Hospital Association co ntinues in that same philosophy of improving the health of the community with two hospital s that set the standard for high-quality, compassionate care - Morton Plant in Clearwater, Florida and Morton Plant North Bay in New Port Richey, Florida Services are provided thr ough more than 7,300 Morton Plant Mease employees and 1,179 board-certified physicians 20 11 O verview Morton Plant Hospital In 2011, Morton Plant Hospital prepared to continue its mission of improving the health of the community with new facilities Morton Plant Hospita l opened the new Axelrod Pavilion, a four-story building with the goal of creating a cente r that offers leading edge medical diagnostics and services in an environment that promote s healing and comfort The center is home to imaging services, diagnostic services, compre hensive breast cancer services and cancer treatment, some of which are provided by entitie s affiliated with Morton Plant Mease Morton Plant Hospital's heart care continues to be n ationally recognized Morton Plant was the only hospital in the country to be recognized 1 3 times as a top hospital for heart care, after Thomson Reuters selected Morton Plant in i ts annual study identifying the top 50 U S hospitals The Society for Thoracic Surgeons a warded Morton Plant Hospital's heart surgery program with its prestigious overall three-st ar rating for the third time Improving Access to the Diagnosis of Breast Cancer-To expand access to comprehensive and timely diagnosis of breast cancer, Morton Plant Mease opened a third location of the Susan Cheek Needler Breast which offers an integrated network of c omprehensive breast health services that are focused on the needs and concerns of all wome n tranquil atmosphere, upgraded amenities and comfortable women's only waiting areas Loc ated at the Trinity O utpatient Center, the facility brings specialized breast cancer diagn ostic services to the Pasco County area A full range of diagnostic tests including mammog rams, ultrasound and biopsies are performed at the center Master Site Plan--In 2011, Mort on Plant began developing a comprehensive master site plan to create a seamless facility d esign that ties together the existing inpatient buildings for the almost 100-year-old hosp ital campus Anticipated to begin in 2012, the new design will offer improved patient acce ss and navigation, better alignment of resource utilization and efficiencies, larger opera ting suites, flexibility in future planning and additional space for ancillary departments and storage Excellence in Supporting New Mothers--Morton Plant Hospital's work in offeri ng support and education to breast feeding mothers through classes and support groups was recognized with the Care Award from the International Board of Lactation Consultant Examin ers and International Lactation Consultant Association Project Boost Morton Plant Hospita l was one of only 24 hospitals across the country selected to participate in Project BOOST , a program offered through the Society of Hospital Medicine to lower the number of patien ts being re-admitted to a hospital for the same condition or ailment within 30 days of dis charge Since 2008, Morton Plant has been consistently working with a multidisciplinary te am to improve the discharge process O ur team implemented a variety of new initiatives to support a patient-centered, team approach to patient care in the hospital Improvements in clude a new discharge form in a more patient-friendly language, follow-up phone calls for high risk patients is being implemented with patients deemed as high-risk in all inpatient , medical, surgical and telemetry floors at Morton Plant and Morton Plant North Bay hospit als A patient discharge needs assessment is given to all patients within 24 of admission to assessing potential barriers to safe and timely discharge and to identify issues that m ay contribute to a readmission Another 6th floor unit, on Barnard 6, partnered with the h ospitalist group to do multidisciplinary rounds daily, to help capture discharge issues ea rlier in the hospital stay We've also adopted a nursing-patient education tool called tea ch-back, throughout Morton Plant Mease to improve how we patient discharge education We a re continuing to work to provide seamless, patient centered care to our patients, with sev eral other initiatives in the works Morton Plant North Bay Hospital Morton Plant North Ba y Recovery Center As part of its continued commitment to meeting the mental health needs o f the Tampa Bay community, BayCare Behavioral Heal

Identifier	ReturnReference	Explanation
5 - Promotion of community health (part 1)		th operates the Morton Plant North Bay Hospital Recovery Center which opened in 2010 Loca ted in Pasco County, Morton Plant North Bay Hospital Recovery Center operates under the Mo rton Plant North Bay Hospital license and is a 72-bed acute care, behavioral health facili ty to treat adults, children and adolescents The Recovery Center provides a full-range of behavioral health services for adults, children and adolescents who require inpatient car e Patients will receive treatment for inpatient psychiatric crisis stabilization, crisis intervention and support in a tranquil environment In 2011, Morton Plant North Bay opened a new 9,750 square-foot cardiovascular center that provides the most advanced imaging equ ipment for cardiac care diagnostics and interventions, including elective and emergency he art catheterizations and angioplasties The hospital began performing emergency and electi ve angioplasties in 2010, giving the Pasco community more access to this cardiac procedure which removes blockages of coronary vessels and can be life-saving for those suffering a heart attack In an effort to provide medical services to the underinsured or uninsured re sidents of Pasco County, Morton Plant North Bay Hospital provided assistance with funding is a Nurse Practitioner position for the Good Samaritans Health Clinic Additionally, the hospital provides lab services and diagnostic tests to Good Samaritans' patients at no cos t The Health Clinic helps patients with non-emergency medical needs receive ongoing medic al care Access to care is improved by providing a well coordinated program where patients that otherwise would not have access to a primary care physician can go to receive care f or their illnesses Supporting Community Health--The Premier Community HealthCare Group, I nc was founded in 1979 as a FQHC Health Center, health center serving the residents of Pa sco County and is resource for under-insured and un-insured patients Morton Plant North B ay Hospital provides a location in New Port Richey for a discounted cost adjacent to the h ospital campus The hospital also provides certain lab work and diagnostic tests at no cos t New Surgical Center--Morton Plant North Bay Hospital began construction on new surgical center to include six new operating suites and two new endoscopy/ procedure suites The n ew operating suites are planned to be larger and accommodate more advanced, less invasive surgeries Pasco Back-to-School Health Fair--In partnership with Pasco County Schools and the Pasco County Health Department, Morton Plant North Bay hosted a community Back-to-Scho ol Health Fair providing free services to 272 PreK-12 students including school/sports phy sicals, 82 cardiac screenings EKG and Echo for high school athletes, dental screenings, s chool immunizations, fingerprinting (provided by the Pasco County Sheriff's Office) and ge neral health information SHARE Program--To engage older adults in taking an active role i n managing their health, Morton Plant North Bay Hospital developed a free health education and resource series for the senior community Monthly seminars including interactive acti vities were held during the peak seasonal visitor season when the majority of seniors are in the community Seminars included such topics as Aging and Physical Activity, Medicare C hanges, Cardiac Health, Arthritis and Medications Participants received a binder and scre enings for blood pressure, cholesterol and Body Mass Index Community Screenings Morton Pl ant Mease screened community members on such diseases and conditions as high blood pressur e, prostate cancer, skin cancer and cardiovascular disease The health screenings were con ducted at many venues, such as recreation centers, senior expos and hospital-sponsored eve nts In addition, Morton Plant Mease gave free athletic physicals to 275 Pinellas County h igh school students O ur comprehensive physicals included checks of height, weight, blood pressure, vision and lungs, a musculoske

Identifier	ReturnReference	Explanation
5 - Promotion of community health (part 2)		Pre-Natal Care for Drug Treatment Patients Babies born to mothers addicted to drugs are a problem in the state of Florida and across the country Morton Plant Hospital offers expec tant moms addicted to drugs a program that crosses the continuum of care from prenatal thr ough hospital stay The hospital has reached out to the drug treatment centers to get the expectant mothers on methadone into a special prenatal class The hospital also provides a parent advocate that works one-on-one with the parents to enhance bonding and teach paren ting skills such as soothing techniques for babies suffering the effects of drug withdrawa l Gynecological Wing Designed with the needs of women and their families in mind, Morton Plant has a dedicated women's medical/surgical unit to provide for women's gynecological a nd medical surgery recovery needs All private rooms enhance privacy and encourages family members to stay with recovering patients Care for Menopausal Women In 2011 Morton Plant Mease Women's Services joined the national group, Red Hot Mamas, to raise awareness of wom en's health in menopausal years The alliance has led to workshops, lectures and events to educate and equip women for dealing with health concerns and issues related to menopause Psychiatric Care For more than 20 years, Morton Plant Hospital has provided inpatient tre atment to those suffering from a personal crisis or mental illness that requires treatment in a structured, supervised setting Inpatient treatment consists of individual and group sessions, activity therapy, medication therapy and social work services A qualified team of behavioral health professionals, including psychiatrists, nurses, social workers, case managers and mental health technicians, assist patients in the treatment process with the goal of stabilizing symptoms and developing an appropriate discharge plan for follow-up c are in a less restrictive setting Morton Plant's behavioral health inpatient programs add ress the needs of three groups The adult inpatient program is specifically designed for a dults 18 years and older The geriatric inpatient program is a secure unit providing indiv idualized treatment to help elderly people 62 years and older overcome behavioral health p roblems A variety of treatment options are available to help meet the special needs of ol der patients, stabilize them and improve their daily functioning To meet the needs of chi ldren with behavioral health illnesses, Morton Plant's pediatric inpatient program is a se cure unit designed for children and adolescents in need of short-term intensive treatment for problems such as depression, self-destructive behavior or behavior that endangers othe rs As one of the few programs of its kind, Morton Plant admits pediatric behavioral healt h patients from several neighboring counties Morton Plant also offers a unit for those wh o are dually diagnosed with both behavioral health conditions and substance abuse Emergen cy Care The emergency departments of Morton Plant and Morton Plant North Bay serve all adu lt and pediatric patients seeking care Emergent care is provided for every patient regard less of their ability to pay Morton Plant's emergency department also offers a separated, secure psychiatric unit to provide necessary care to community members needing emergent p sychiatric care Morton Plant also operates the Bardmoor Emergency Center, Tampa Bay's onl y free-standing emergency center The 15-bed facility is staffed by board-certified emerge ncy physicians and also serves adult and pediatric patients regardless of their ability to pay Patients requiring admission to a hospital are transported by county emergency servi ces ambulances Cardiac Care Since 1975, Morton Plant Hospital has been a leader in its co mmunity for excellence in cardiac care bringing many firsts including the Morgan Heart Hos pital, centralizing all of Morton Plant's cardiac care services into one location Surgica l suites, cardiac catheterization laboratories, recovery rooms, patient rooms, testing fac ilities and waiting rooms are all linked cohesively so that patients, nurses and physician s are within close proximity Morton Plant's reputation for excellence in cardiac care is underscored by the fact that it is the only hospital in the United States to be recognized 13 consecutive times as the Thomson Reuters Top 50 cardiac hospital study Morton Plant w as examined for performance by analyzing clinical outcomes for patients diagnosed with hea rt failure and heart attacks and for those who received coronary bypass surgery and angiop lasties Additionally, Morton Plant's heart care has been recognized by the Society of Tho racic Surgeons (STS) with their highest ranking of three stars Morton Plant North Bay off ers medical, diagnostic and interventional care for heart patients including diagnostic he art catheterization, emergent and elective angioplasties The hospital began performing em ergency and elective angioplasties in 2010, giving

Identifier	ReturnReference	Explanation
5 - Promotion of community health (part 2)		the Pasco community more access to this cardiac procedure which removes blockages of coro nary vessels and can be life-saving for those suffering a heart attack If a patient needs more advanced intervention on an emergency basis, Morton Plant North Bay's emergency card iac transport vehicle provides free transportation between Morton Plant North Bay Hospital in New Port Richey to other area medical facilities, including Morton Plant Hospital in C learwater The hospital-to-hospital transports provide a prompt response to patient's need s and allow ambulances in Pasco County to be more readily available to handle other emerge ncy situations within the community In addition to acute cardiac cases, the transport uni t also may be utilized for the transfer of other patients needing advanced care urgently Stroke Care Morton Plant and Morton Plant North Bay have been certified four times for the ir quality of stroke care with the Gold Seal of Approval for Primary Stroke Care by the Jo int Commission The Gold Seal means the hospitals can provide national quality care as the first line of defense for preventing and treating strokes Online Health Assessments In 2 011, the hospitals in BayCare collaborated on a free online heart health assessment to pro vide education and knowledge of early detection and prevention of heart disease, weight lo ss surgery, and orthopedic health More than 3,000 free online health assessments have bee n completed The free online heart assessment also gives each individual a customized repo rt to learn how to modify their lifestyle and become more heart healthy Special Community Events & Screenings In 2011, Morton Plant Mease supported a number of special community e vents and screenings These included the following events Melanoma Monday 2011--Physician s and other health care practitioners from Morton Plant Mease conducted 211 free skin canc er screenings in support of the 15th Annual Melanoma Monday, a nationwide campaign to rais e awareness and encourage early detection of skin cancers Sleep Disorder Screenings-Good sleep is essential to good health and the Morton Plant Mease Sleep Disorder Centers provid ed 457 free sleep screenings in 2011 Morton Plant Mease Triathlon--Organized by the Skip Cline Society of the Morton Plant Mease Foundation, the Morton Plant Mease Triathlon attra cted more than 500 competitors to Clearwater Beach, raising funds toward purchasing a NICU baby simulator for training nurses and physicians at Mease Countryside Hospital and to su pport the education services and community health events at the new St Joseph's Children' s Specialty Center at Mease Countryside Pitch for Pink--Morton Plant Mease went to the ba llpark to help "Strike Out Breast Cancer" at Pitch for Pink Held in conjunction with the Clearwater Threshers baseball team, the fifth annual event featured a AAA Minor League gam e and a Celebrity Softball Tournament with local sports and media personalities Organized by the Morton Plant Mease Foundation, the event helped raise funds for breast cancer awar eness and treatment Morton Plant Mease Foundation Prostate Cancer Awareness Race--Present ed by Urology Specialists of West Florida, more than 600 runners enjoyed the Second Annual Morton Plant Mease Foundation Prostate Cancer Awareness 5K, benefiting prostate cancer pr ograms at the hospitals of Morton Plant Mease The day before the event, special prostate cancer screening events were held for the community Girl's Night Out--More than 650 commu nity members participated in Girl's Night Out in downtown Dunedin, an event for area women to focusing on women's health awareness, with education and screenings on women's health, rejuvenation and education Trinity Fall Festival--The Fall into Good Health Festival at the Trinity Outpatient Center hosted more than 900 community members who received a variet y of health screenings and information, an "Ask-A-Physician booth, games and snacks A sch ool supplies drive benefiting schools in

Identifier	ReturnReference	Explanation
6 - Affiliated Health Care System		Morton Plant Hospital Association is part of BayCare Health System, a leading, community-b ased health system in the Tampa Bay area with 19,600 employees, 10 not-for-profit hospital s, 17 outpatient centers, and a complete range of services, such as imaging, lab, behavior al health, and home care BayCare's hospitals are Mease Countryside, Mease Dunedin, Morton Plant, Morton Plant North Bay, St Anthony's, South Florida Baptist, St Joseph's, St Jo seph's Women's, St Joseph's Children's, and St Joseph's Hospital-North St Joseph's hos pitals operate as one entity and file one Form 990 BayCare was founded in 1997 when the a rea's top not-for-profit hospitals came together united by a common mission to improve the health of their communities and continue caring for all patients regardless of their abil ity to pay In 2011, BayCare provided $167 million in community benefits, which included $ 77 9 million in traditional charity care, $77 6 million in Medicaid and other means-tested programs, and $11 8 million in unbilled community services In addition to charity care, BayCare's financial stability and centralization of shared services in finance, informatio n technology, and human resources strengthens each hospital's ability to allocate resource s to help meet the needs of their communities BayCare's hospitals are located in three ge ographic regions, each with their own Boards of local leadership focused on their communit y's specific needs Recognizing the need for mental health services, BayCare continues to be the largest, not-for-profit provider of behavioral health services in west central Flor ida BayCare Behavioral Health offers inpatient, outpatient, in-home treatment, support gr oup and case management services BayCare's designated Baker Act-receiving facilities in H illsborough, Pinellas, and Pasco counties provide inpatient crisis stabilization and parti al hospitalization programs as part of the continuum of mental health care BayCare is the only organization in the Tampa Bay area that operates dedicated psychiatric emergency roo ms at each of its hospital-based, Baker Act facilities In Hillsborough County, St Joseph 's prepared in 2011 to open a 45,000-square-foot behavioral health facility as the only pr ivate, freestanding, inpatient psychiatric Baker Act receiving hospital in the county Ear lier that year, the Tampa Bay Partnership, a regional research and education foundation, p ublished a report that noted the area's suicide rate was statistically higher than state a nd national rates St Joseph's also began admitting mothers and babies to a new 125,000-s quare-foot, five-story tower with 64 Neonatal intensive care unit suites, one floor exclus ively for new mothers and one floor for medical/surgical patients The Tampa Bay region ha s a high infant mortality rate, according to the partnership's report In north Pinellas C ounty, Morton Plant opened a new, four-story pavilion that expanded cancer, imaging and pa tient support services The report noted that the region's mortality rate due to cancer wa s higher than Florida's rate In south Pinellas County, St Anthony's identified a growing need for emergency services in its local community As a result, the hospital expanded it s current facilities with a new, 105,000-square-foot Emergency Center and Patient Care Tow er BayCare also meets the needs of the community by being one of the largest employers in the Tampa Bay region In 2011, BayCare added 1,000 new employees during a tough economy w hen unemployment rates in other areas remained high The community also benefits from BayC are's comprehensive network, which provides increased access to services, such as emergenc y care, outpatient and home care In 2011, BayCare HomeCare provided 625,000 home health v isits, helping patients leave the hospital sooner and recover at home where they are more comfortable BayCare also meets the needs of the community by helping its hospitals contin ue evolving to keep pace with changes in the health care industry and new technologies In 2011, BayCare continued developing a clinically integrated network in the Tampa Bay area This new, physician-led organization puts more emphasis on prevention, early detection an d disease management by creating a flexible model of care that better aligns physicians wi th BayCare's resources In addition, BayCare successfully completed the second phase of it s system-wide implementation of an electronic medical record (EMR) With the completion of this phase in 2011, every hospital in BayCare now documents clinical information in a sys tem-wide EMR, providing the entire health team with real-time, electronic access to patien t information In 2011, BayCare hosted its sixth annual and largest Quality Sharing Day ev ent, with more than 500 employees taking part in a full day of learning about best practic es from Six Sigma and performance improvement projects In 2011, BayCare had 193 Six Sigma and performance improvement projects championed b

Identifier	ReturnReference	Explanation
6 - Affiliated Health Care System		y employees throughout the health system BayCare currently has 31 certified Six Sigma Bla ck Belts and 57 certified Green Belts Since BayCare began its Six Sigma program in 2004, more than 5,400 employees have participated in performance improvement projects that have helped drive process efficiency and cost savings throughout its hospitals and facilities As part of its commitment to the community, BayCare collaborates with Hillsborough Communi ty College, University of Tampa, St Petersburg College, Pasco Hernando Community College and the Pinellas Technical Education Center to help educate future nurses and health care professionals BayCare also continues to support other organizations committed to improvin g the health of the community These organizations include the American Heart Association (Greater Southeast Affiliate), Susan G Komen for the Cure (Florida Suncoast Affiliate), a nd the Tampa Bay Partnership ONE BAY Healthy Communities

Identifier	ReturnReference	Explanation
7 - State Filing		N/A

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318043602

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

2011

Open to Public Inspection

Name of the organization
Morton Plant Hospital Association Inc

Employer identification number
59-0624462

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
(1) Suncoast Community Health Centers Inc13110 ELK MOUNTAIN DR RIVERVIEW,FL 33579	59-1741303	501(C)(3)	106,679				UNRESTRICTED DONATION RESIDENCY PROGRAM
(2) MPM Primary Care300 S Park Blvd CLEARWATER,FL 33756	59-3140335	501(C)(3)	4,868,409				2010 Chasco Fiesta

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

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

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	Morton Plant Hospital Association, Inc is committed to assisting non-profit organizations whose focus is to improve the health and wellness of the communities we serve Each cash donation request is reviewed by Morton Plant Hospital's Senior Management Team to determine whether the organization is one we want to donate to, based on the organization's mission, non-profit status, and usage of funds Once approved, we require proper documentation from the organization of its non-profit status, and as needed, follow-up with the organization to ensure the activity occurred

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318043602

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

2011

Open to Public Inspection

Name of the organization
Morton Plant Hospital Association Inc

Employer identification number
59-0624462

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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				
(1) ROBERT LYNCH	(i)	170,636	20,736	10,360	7,838	7,797	217,367	0
	(ii)	0	0	0	0	0	0	0
(2) DIANA SHAND-KREIDLER	(i)	162,724	22,747	1,105	9,089	12,601	208,266	0
	(ii)	0	0	0	0	0	0	0
(3) THOMAS DORIA	(i)	162,533	22,316	1,237	8,830	4,304	199,220	0
	(ii)	0	0	0	0	0	0	0
(4) PATRICIA SAVITSKY	(i)	169,223	720	7,005	5,663	3,719	186,330	0
	(ii)	0	0	0	0	0	0	0
(5) SHANNON HANCOCK	(i)	135,859	19,643	246	7,519	12,913	176,180	0
	(ii)	0	0	0	0	0	0	0
(6) ENVERA CELO	(i)	160,445	720	633	5,999	9,747	177,544	0
	(ii)	0	0	0	0	0	0	0
(7) TERRY KARFONTA	(i)	144,259	15,275	380	6,629	9,845	176,388	0
	(ii)	0	0	0	0	0	0	0
(8) HARREL ZIECHECK	(i)	0	0	0	0	0	0	0
	(ii)	344,764	111,060	72,064	12,250	6,994	547,132	0
(9) CARL TREMONTI	(i)	0	0	0	0	0	0	0
	(ii)	246,677	80,081	41,262	36,021	3,892	407,933	0
(10) GLENN WATERS	(i)	0	0	0	0	0	0	0
	(ii)	691,508	304,640	14,520	142,995	12,131	1,165,794	0
(11) PETER BLUMENCRANZ	(i)	0	0	0	0	0	0	0
	(ii)	691,039	0	11,945	12,028	1,655	716,667	0
(12) STEPHEN MASON	(i)	0	0	0	0	0	0	0
	(ii)	1,054,306	465,686	1,608,047	12,152	12,874	3,153,065	519,405

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		The filing organization does not use any of the options listed in Schedule J, Line 3 to establish the compensation of the CEO/Executive Director However, the related organization, BayCare Health System Inc, uses Compensation committee, Independent compensation consultant, Written employment contract, Compensation survey or study and Approval by the board or compensation committee as a means to establish the CEO's compensation of the filing organization Part I, Line 4b Glenn Waters - Participated in a supplemental nonqualified deferred compensation plan He had $0 in benefits vest in 2011 He had $130,745 of nonvested benefits accrue during 2011 This amount is included in Part II Column C Carl Tremonti - Participated in a supplemental nonqualified deferred compensation plan He had $22,761 in benefits vest in 2011 This amount is included in Part II (B)(iii) other compensation He had $24,036 of nonvested benefits accrue during 2011 This amount is included in Part II Column C The plan made cash distribution of $8,296 in 2011 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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318043602

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Morton Plant Hospital Association Inc

Employer identification number
59-0624462

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	(c) Corrected? 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	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) 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
(1) MFP Inc dba Financial Credit Servi	See Part V	561,783	Collection Services		No
(2) Creative Contractors	See Part V	7,011,519	Construction Services		No
(3) Creative Mailbox Designs	See Part V	148,251	Printing Services		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
Relationship between interested person and the organization		Stephen Mason and Glenn Waters are directors and/or officers of the filing organization as well as board members of MFP, Inc Alan Bomstein is a director of the filing organization as well as an officer of Creative Contractors, Inc Larry Morgan is a director of the filing organization as well as an officer of Creative Mailbox Designs

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493318043602

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization	Employer identification number
Morton Plant Hospital Association Inc	59-0624462

Identifier	Return Reference	Explanation
Part VI		Part VI, Line 2 - Description of Family or Business Relationship Glenn Waters and Stephen Mason are Board members of the Organization, as well as Board members of a taxable entity, which is an affiliate of the filing Organization Part VI, Line 6 - Description of Classe s of Members or Stockholders The sole member of Morton Plant Hospital Association, Inc is Morton Plant Mease Health Care, Inc Part VI, Line 7a - Description of Classes of Persons and the Nature of Their Rights The Board shall consist of no more than twenty-six (26) me mbers (each, a "Trustee"), all of whom shall be appointed by the member Morton Plant Mease Health Care, Inc such that at all times the Board is comprised of all of the members of the Board of Directors of the Member Part VI, Line 7b - Descr Classes of Persons, Decisio ns Requiring Appr & Type of Voting Rights The taxpayer is a Participant, as defined in the Second Restated Joint Operating Agreement dated as of May 23, 2006, as amended (the "JOA") Under the JOA, BayCare health System, Inc is responsible for the operations of the Par ticipants The JOA Participants include the taxpayer and other hospitals and non-hospital organizations Notice of the JOA w as previously provided to the Internal Revenue Service b y letter dated July 1, 1997 The Member reserves to itself the follow ing tw o categories of actions Class I Member Reserved Rights and Class II Member Reserved Rights A Class I M ember Reserved Rights 1 Addition, deletion or reconfiguration of services of the Corpora tion 2 Establishment of overall capital and operating budgets and strategic plans applic able to the Corporation, including the use of the funds of the Corporation 3 Exclusive a uthority to enter into managed care contracts on behalf of the Corporation and its subsidi aries and affiliates 4 Approval of contracts on behalf of the Corporation (but the Class I Member may establish policies from time to time providing that only specific types of c ontracts or contracts involving obligations in excess of specified levels need to be appro ved by the Class I Member) 5 Authority to establish fees and charges on behalf of the Co rporation 6 Determination of w hether the Corporation should join any netw orks or alterna tive or integrated delivery systems 7 Establishment of employment and other policies app licable to all personnel employed by the Corporation 8 Approval of the philosophy, missi on statement and purposes of the Corporation 9 Approval of changes in the Articles of In corporation or in the Bylaw s of the Corporation 10 Approval of the merger, consolidation , dissolution, sale or other transfer of substantially all assets of the Corporation, or o ther change in corporate form, causing a fundamental reorganization of the Corporation 11 Approval of the incurrence of indebtedness by the Corporation above certain limits estab lished by the Class I Member 12 Approval of the establishment of additional affiliates o r subsidiaries of the Corporation 13 Adoption of strategic plans or major changes in pro grams or services of the Corporation 14 Approval of the purchase, sale, transfer, or oth er encumbrance of assets of the Corporation above specified levels established by the Clas s I Member B Class II Member Reserved Rights 1 Approval of the philosophy, mission sta tement and purposes of the Corporation 2 Approval of the merger, consolidation, dissolut ion, sale or other transfer of substantially all assets of the Corporation, or other chang e in corporate form, causing a fundamental reorganization of the Corporation 3 With rega rd to any assets of the Corporation no longer required in the operations of the Corporatio n, approval of any sale or other disposition of any assets not in the ordinary course w hic h have a value in excess of $3 million, and w ith regard to all other assets of the Corpora tion used in the operations of the Corporation, 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 the Corporation to another entity in connectio n w ith a duly authorized reconfiguration of services) 4 Approval of the closure of a hos pital facility of the Corporation 5 Change in the name of a hospital facility of the Cor poration 6 Approval of substantive changes in the Bylaws of the Articles of Incorporatio n of the Corporation Part VI, Line 11b - Describe the Process used by Management &/or Gov erning Body to Review 990 The Form 990 is prepared by the organization and reviewed by the CFO, as w ell as the organization's paid preparer Prior to filing w ith the IRS, a final c opy of the Form 990 w ill be made available to the entire Board via a w eb portal Part VI, Line 12c - Description of Process to Monitor Transactions for Conflicts of Interest Morton Plant Hospital Association, Inc has tw o separate conflict of interest procedures, one th at relates to Board members and another that relat

Identifier	Return Reference	Explanation
Part VI		es 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 th e Board or committee level After disclosure of the Board Member's or Committee Member's a ctual or potential conflict, the follow ing procedures for addressing the conflict of inter est w ill be adhered to by each Board and all Committees w ith Board delegated pow ers, w itho ut exception 1 The interested Director or Committee member shall leave the Board or Comm ittee meeting w hile 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 inte rest is deemed to exist a The Chairperson of the Board or Committee shall, if appropriat e, appoint a disinterested individual or committee to investigate the proposed transaction or arrangement b The Board or Committee shall determine w hether the BayCare entity can obtain a more advantageous transaction or arrangement w ith reasonable efforts from an indi vidual or entity that w ould not give rise to a conflict of interest c If a more advantag eous transaction or arrangement is not reasonably available, the Board or Committee shall determine w hether the transaction or arrangement is in the BayCare entity's best interest, and w hether 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 det ermination or proceedings The Director or Committee Member may, how ever, respond to quest ions posed by the Board or Committee regarding the contract or transaction Any such contr act or transaction must be authorized by a vote of at least tw o-thirds (2/3) of the Direct ors or Committee Members entitled to vote at a meeting at w hich a quorum w as 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 Ch ief Compliance Officer, the Corporate Responsibility Officers, and the BayCare Vice Presid ent 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
Part VI and Part VII		Part VI, Lines 15a & 15b - Process used for Compensation Review and Approval The filing or ganization does not directly compensate some of its top management employees, rather compe nsation is paid by a related organization that also follows the compensation policy of the Compensation Committee The independent Compensation Committee is appointed by the Board of Directors The Compensation Committee's purpose is to provide oversight for the organiz ation's executive compensation program, review and approve compensation and benefits for a ll "disqualified persons" subject to the Intermediate Sanctions regulations issued under S ection 4958 of the Internal Revenue Code (including the Chief Executive Officer, Chief Adm inistrative Officer & CFO, other system and entity executives, and other disqualified pers ons as defined in the Intermediate Sanctions regulations (i e , voting members of the gove rning body, family members, former officers)), and establish the compensation philosophy f or all other executives This committee engages nationally recognized compensation consult ants to assist them in review of executive compensation The compensation consultants prov ide 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 reviewed com es from compensation studies that include comparable compensation for similarly qualified persons in functionally comparable positions at similarly situated organizations The orga nization keeps contemporaneous minutes of the compensation committees meetings and decisio ns External consultants review compensation every other year, the last review occurring i n 2011, but the compensation committee regularly monitors compensation and all other proce dures are follow ed annually Part VI, Line 16b - Procedure to evaluate Joint Venture Arran gements The organization has a joint venture committee of subject matter experts w ho revie w potential arrangements w ith taxable joint ventures Included in its review are a review for compliance w ith relevant tax laws and a review of w hether the joint venture furthers t he organization's exempt purpose Part VI, Line 19 - How and If the Governing Documents, C onflict of Interest Policy and Financial Statements are Made Available to the Public Morto n Plant Hospital Association Inc publishes its financial statements w ith The Agency for H ealth Care Administration Governing documents and policies are not available for public i nspection Form 990, Part VII, Section A, Column B - Estimated hours w orked by officers, d irectors, trustees, key employees, and highest compensated employees at related entities Alan Bomstein - BayCare Health System, Inc - 1 Alan Bomstein - Morton Plant Mease Health Care, Inc - 1 Alan Bomstein - Trustees of Mease Hospital, Inc - 1 Carl Tremonti - Morton Plant Mease Health Care, Inc - 45 Carl Tremonti - Morton Plant Mease Primary Care, Inc - 1 Carl Tremonti - St Anthony's Hospital, Inc - 1 Carl Tremonti - St Anthony's Profess ional Buildings & Services, Inc - 1 Carl Tremonti - Trustees of Mease Hospital, Inc - 1 Dew ey Mitchell - Morton Plant Mease Health Care, Inc - 1 Dew ey Mitchell - Trustees of Mea se Hospital, Inc - 1 Ed Armstrong - BayCare Health System, Inc - 1 Ed Armstrong - Morton Plant Mease Health Care, Inc - 1 Ed Armstrong - Trustees of Mease Hospital, Inc - 1 Gai l Wright - Morton Plant Mease Health Care, Inc - 1 Gail Wright - Trustees of Mease Hospit al, Inc - 1 Gary Moskovitz - Morton Plant Mease Health Care, Inc - 1 Gary Moskovitz - Tr ustees of Mease Hospital, Inc - 1 Glenn Waters - BayCare Alliant Hospital, Inc - 1 Glenn Waters - BayCare Home Care, Inc - 1 Glenn Waters - Morton Plant Mease Health Care, Inc - 45 Glenn Waters - Morton Plant Mease Primary Care, Inc - 1 Glenn Waters - Trustees of M ease Hospital, Inc - 1 Harrel Ziecheck - Morton Plant Mease Health Care, Inc - 45 James Cantonis - Morton Plant Mease Health Care, Inc - 1 James Cantonis - Morton Plant Mease Pr imary Care, Inc - 1 James Cantonis - Trustees of Mease Hospital, Inc - 1 Jim Huguet - Mo rton Plant Mease Health Care, Inc - 1 Jim Huguet - Trustees of Mease Hospital, Inc - 1 L arry Morgan - BayCare Health System, Inc - 1 Larry Morgan - Morton Plant Mease Health Car e, Inc - 1 Larry Morgan - Trustees of Mease Hospital, Inc - 1 Lonnie Klein - Morton Plan t Mease Health Care, Inc - 1 Lonnie Klein - Trustees of Mease Hospital, Inc - 1 Mahesh A min - BayCare Health System, Inc - 1 Mahesh Amin - Morton Plant Mease Health Care, Inc - 1 Mahesh Amin - Trustees of Mease Hospital, Inc - 1 Marc Bow man - Morton Plant Mease Hea lth Care, Inc - 1 Marc Bow man - Trustees of Mease Hospital, Inc - 1 Nancy Ridenour - Mor ton Plant Mease Health Care, Inc - 1 Nancy Ridenour - Trustees of Mease Hospital, Inc - 1 Odalys Lara - BayCare Health System, Inc - 1 Odalys Lara - Morton Plant Mease Health Ca re, Inc - 1 Odalys Lara - Morton Plant Mease Prim

Identifier	Return Reference	Explanation
Part VI and Part VII		ary Care, Inc - 1 Odalys Lara - Trustees of Mease Hospital, Inc - 1 Peter Blumencranz - Morton Plant Mease Health Care, Inc - 45 Peter Blumencranz - Trustees of Mease Hospital, Inc - 1 Raymond Ferrera - BayCare Health System, Inc - 1 Raymond Ferrera - Morton Plant Mease Health Care, Inc - 1 Raymond Ferrera - Morton Plant Mease Health Services, Inc - 1 Raymond Ferrera - St Joseph's Enterprises, Inc - 1 Raymond Ferrera - Trustees of Mease Hospital, Inc - 1 Richard Bekesh - Morton Plant Mease Health Care, Inc - 1 Richard Bekes h - Trustees of Mease Hospital, Inc - 1 Robert Mcgivney - BayCare Health System, Inc - 1 Robert Mcgivney - Morton Plant Mease Health Care, Inc - 1 Robert Mcgivney - Trustees of Mease Hospital, Inc - 1 Stephanie Vanzandt - Morton Plant Mease Health Care, Inc - 1 Ste phanie Vanzandt - Trustees of Mease Hospital, Inc - 1 Stephen Mason - BayCare Health Syst em, Inc - 45 Stephen Mason - BayCare Home Care, Inc - 1 Stephen Mason - Morton Plant Mea se Health Care, Inc - 1 Stephen Mason - Morton Plant Mease Primary Care, Inc - 1 Stephen Mason - St Anthony's Hospital, Inc - 1 Stephen Mason - Trustees of Mease Hospital, Inc - 1 Thomas Nash - Morton Plant Mease Health Care, Inc - 1 Thomas Nash - Trustees of Meas e Hospital, Inc - 1 Thomas Whiddon - Morton Plant Mease Health Care, Inc - 1 Thomas Whid don - Trustees of Mease Hospital, Inc - 1 William Horne - Morton Plant Mease Health Care, Inc - 1 William Horne - Trustees of Mease Hospital, Inc - 1 William Horne - Trustees of Mease Hospital, Inc - 1

Identifier	Return Reference	Explanation
Part XI, Line 5		UNREALIZED (LOSS) ON SWAPS ($13,231,599) CONTRIBUTIONS IN INCOME, NOT ON BOOKS ($4,877,300) CHANGE IN FOUNDATIONS $523,471 TOTAL ($17,585,428)

Identifier	Return Reference	Explanation
Schedule H		For purposes of reporting on Schedule H, Part V, Section A, both Morton Plant Hospital and Morton Plant North Bay Hospital are listed and a separate Section B has been completed for each facility Morton Plant North Bay Hospital and Morton Plant North Bay Recovery Center share the same license number and follow the same standardized policies and procedures that are administered by the same centralized billing and collections departments, as such Morton Plant North Bay Recovery Center was not listed in Schedule H, Part V, Section A

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318043602

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

2011

Open to Public Inspection

Name of the organization
Morton Plant Hospital Association Inc

Employer identification number
59-0624462

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

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) BayCare Health System Inc 16255 Bay Vista Drive Clearwater, FL 33760 59-2796965	Support srvcs	FL	501(c)(3)	11A	na		No
(2) Morton Plant Hospital Auxiliary Inc 300 Pinellas Street Clearwater, FL 33756 59-6211662	Volunteering	FL	501(c)(3)	11C	na		No
(3) Morton Plant Mease Health Care Found Inc 1200 Druid Road South Clearwater, FL 33756 59-1751535	Fundraising	FL	501(c)(3)	11A	MPHATOM	Yes	
(4) Morton Plant Mease Health Care Inc 300 Pinellas Street Clearwater, FL 33756 59-2374556	Support srvcs	FL	501(c)(3)	11B	na		No
(5) Trustees of Mease Hospital Inc 601 Main Street Dunedin, FL 34698 59-0855412	Health srvcs	FL	501(c)(3)	3	MPMHC	Yes	
(6) Morton Plant Mease Health Services Inc 8452 118th Ave N Largo, FL 33773 59-2600684	Health srvcs	FL	501(c)(3)	3	MPMHC	Yes	
(7) Morton Plant Mease Primary Care Inc 300 S Park Place Blvd Ste 170 Clearwater, FL 33759 59-3140335	Health srvcs	FL	501(c)(3)	9	MPMHC	Yes	

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	(k) Percentage ownership
(1) The Pinellas Neuro-Ortho Spine Group LL 601 Main Street Dunedin, FL 34698 83-0420933	neuro/ortho srvcs	FL	na	n/a								
(2) Trinity Surgery Center LLC 2102 Trinity Oaks Blvd New Port Richey, FL 34655 02-0656933	Health srvcs	FL	na	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
(1) Global Health Care Inc 8452 118th Avenue North Largo, FL 33773 59-1853449	Health srvcs	FL	na	C corp			
(2) Medspecialists Inc 16255 Bay Vista Dr Clearwater, FL 33760 68-0587533	Health srvcs	FL	na	C corp			
(3) MFP Inc 628 Bypass Road Clearwater, FL 33764 59-2374569	Collections srvcs	FL	na	C corp			
(4) Morton Plant Health Ventures Inc 8452 118th Avenue North Largo, FL 33773 59-2728600	Health srvcs	FL	na	C corp			

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
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	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f	Yes	
g Purchase of assets from related organization(s)	1g	Yes	
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from related organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by related organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n	Yes	
o Reimbursement paid to related organization(s) for expenses	1o		No
p Reimbursement paid by related organization(s) for expenses	1p		No
q Other transfer of cash or property to related organization(s)	1q	Yes	
r Other transfer of cash or property from related 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	(d) Method of determining 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) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 59-0624462
Name: Morton Plant Hospital Association 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	g Section 512(b)(13) controlled organization	
BayCare Health System Inc 16255 Bay Vista Drive Clearwater, FL 33760 59-2796965	Support srvcs	FL	501(c)(3)	11A	na		No
Morton Plant Hospital Auxiliary Inc 300 Pinellas Street Clearwater, FL 33756 59-6211662	Volunteering	FL	501(c)(3)	11C	na		No
Morton Plant Mease Health Care Found Inc 1200 Druid Road South Clearwater, FL 33756 59-1751535	Fundraising	FL	501(c)(3)	11A	MPHATOM	Yes	
Morton Plant Mease Health Care Inc 300 Pinellas Street Clearwater, FL 33756 59-2374556	Support srvcs	FL	501(c)(3)	11B	na		No
Trustees of Mease Hospital Inc 601 Main Street Dunedin, FL 34698 59-0855412	Health srvcs	FL	501(c)(3)	3	MPMHC	Yes	
Morton Plant Mease Health Services Inc 8452 118th Ave N Largo, FL 33773 59-2600684	Health srvcs	FL	501(c)(3)	3	MPMHC	Yes	
Morton Plant Mease Primary Care Inc 300 S Park Place Blvd Ste 170 Clearwater, FL 33759 59-3140335	Health srvcs	FL	501(c)(3)	9	MPMHC	Yes	

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	Trustees of Mease Hospital Inc	a(iv)	73,167	FMV
(2)	Morton Plant Mease Primary Care Inc	a(iv)	112,237	FMV
(3)	Morton Plant Mease Health Services Inc	a(iv)	764,610	FMV
(4)	Morton Plant Mease Primary Care Inc	b	4,868,409	FMV
(5)	Morton Plant Mease Health Care Foundation	c	3,539,216	FMV
(6)	Morton Plant Mease Health Services Inc	f	2,465,219	FMV
(7)	Morton Plant Mease Health Services Inc	j	63,232	FMV
(8)	Trustees of Mease Hospital Inc	n	1,757,650	FMV
(9)	Morton Plant Mease Health Services Inc	n	736,570	FMV
(10)	Morton Plant Mease Health Services Inc	q	4,156,201	FMV
(11)	Trustees of Mease Hospital Inc	q	367,162	FMV
(12)	Morton Plant Mease Primary Care Inc	q	718,862	FMV

KPMG

BAYCARE HEALTH SYSTEM, INC. AND AFFILIATES

Combined Financial Statements and Schedules

December 31, 2011 and 2010

(With Independent Auditors' Report Thereon)

BAYCARE HEALTH SYSTEM, INC. AND AFFILIATES

Table of Contents

	Page
Independent Auditors' Report	1
Combined Financial Statements	
Combined Balance Sheets	2
Combined Statements of Operations and Changes in Net Assets	3
Combined Statements of Cash Flows	5
Notes to Combined Financial Statements	6
Combining Information (2011 only)	
Schedule 1 – Combining Balance Sheet Information	30
Schedule 2 – Combining Statement of Operations and Changes in Net Assets Information	31

KPMG LLP
Suite 1700
100 North Tampa Street
Tampa, FL 33602-5145

Independent Auditors' Report

The Board of Trustees
BayCare Health System, Inc and Affiliates

We have audited the accompanying combined balance sheets of BayCare Health System, Inc and Affiliates (the Organization) as of December 31, 2011 and 2010, and the related combined statements of operations and changes in net assets and cash flows for the years then ended These combined financial statements are the responsibility of the Organization's management Our responsibility is to express an opinion on these combined financial statements based on our audits

We conducted our audits in accordance with auditing standards generally accepted in the United States of America Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control over financial reporting Accordingly, we express no such opinion An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation We believe that our audits provide a reasonable basis for our opinion

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the financial position of BayCare Health System, Inc and Affiliates as of December 31, 2011 and 2010, and the results of their operations and their cash flows for the years then ended, in conformity with U S generally accepted accounting principles

Our audits were conducted for the purpose of forming an opinion on the combined financial statements taken as a whole The supplementary information included in schedules 1 and 2 is presented for purposes of additional analysis and is not a required part of the combined financial statements Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the combined financial statements The information has been subjected to the auditing procedures applied in the audits of the combined financial statements and certain additional procedures including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the combined financial statements or to the combined financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America In our opinion, the information is fairly stated in all material respects in relation to the combined financial statements as a whole

KPMG LLP

March 9, 2012
Certified Public Accountants

BAYCARE HEALTH SYSTEM, INC. AND AFFILIATES

Combined Balance Sheets

December 31, 2011 and 2010

(In thousands)

Assets		2011	2010
Current assets			
Cash and cash equivalents	$	37,387	62,424
Collateral received for securities lending transactions		132,161	142,612
Investments held on behalf of others		20,591	20,740
Assets limited as to use		2,635	2,331
Accounts receivable, less allowance for uncollectible accounts of approximately $187,575 and $131,287, respectively		264,248	259,302
Inventories		48,918	46,452
Prepaid and other current assets		46,077	40,364
Total current assets		552,017	574,225
Investments		1,630,417	1,550,716
Assets limited as to use		197,452	207,885
Property and equipment, net		1,437,362	1,357,836
Beneficial interest in net assets of foundations		113,875	114,136
Other assets		83,000	79,170
Total assets	$	4,014,123	3,883,968
Liabilities and Net Assets			
Current liabilities			
Accounts payable and accrued expenses	$	126,444	178,061
Employee compensation and benefits		147,699	130,698
Estimated third-party settlements		99,043	84,786
Current portion of long-term debt		55,534	75,282
Liabilities for investments held on behalf of others		20,591	20,740
Liabilities under securities lending transactions		132,161	142,612
Total current liabilities		581,472	632,179
Long-term debt, less current portion		700,041	704,400
Other liabilities		315,739	263,848
Total liabilities		1,597,252	1,600,427
Net assets			
Unrestricted		2,317,546	2,185,331
Temporarily restricted		74,095	74,087
Permanently restricted		25,230	24,123
Total net assets		2,416,871	2,283,541
Total liabilities and net assets	$	4,014,123	3,883,968

See accompanying notes to combined financial statements

BAYCARE HEALTH SYSTEM, INC. AND AFFILIATES

Combined Statements of Operations and Changes in Net Assets

Years ended December 31, 2011 and 2010

(In thousands)

	2011	2010
Operating revenues		
Net patient service revenue	$ 2,353,981	2,215,327
Other revenues	72,295	68,939
Total operating revenues	2,426,276	2,284,266
Operating expenses		
Salaries and benefits	1,192,815	1,112,656
Supplies	388,335	373,748
Other expenses	350,334	361,435
Depreciation and amortization	158,918	148,991
Provision for bad debts	142,874	128,075
Interest	27,814	29,190
Total operating expenses	2,261,090	2,154,095
Operating income	165,186	130,171
Nonoperating (losses) gains, net		
Investment income, net	31,930	185,727
Loss on interest rate swaps	(55,547)	(14,410)
Other nonoperating gains (losses), net	7,653	(1,993)
Total nonoperating (losses) gains, net	(15,964)	169,324
Excess of revenues and gains over expenses	149,222	299,495

(Continued)

BAYCARE HEALTH SYSTEM, INC. AND AFFILIATES

Combined Statements of Operations and Changes in Net Assets

Years ended December 31, 2011 and 2010

(In thousands)

	2011	2010
Unrestricted net assets		
Excess of revenues and gains over expenses	$ 149,222	299,495
Net unrealized gains (losses) on other-than-trading securities	37	(14)
Contributions for capital equipment	992	643
Net assets released from restrictions for purchase of property and equipment	271	182
Amortization of accumulated hedge accounting losses	458	458
Pension-related changes other than net periodic pension cost	(16,503)	(590)
Other	(2,262)	(967)
Increase in unrestricted net assets	132,215	299,207
Temporarily restricted net assets		
Contributions	2,173	785
Change in beneficial interest in net assets of foundations	(929)	5,156
Net assets released from restrictions for purchase of property and equipment	(271)	(182)
Net assets released from restrictions for operations	(966)	(550)
Other	1	(123)
Increase in temporarily restricted net assets	8	5,086
Permanently restricted net assets		
Change in beneficial interest of net assets of foundations	1,107	1,134
Increase in permanently restricted net assets	1,107	1,134
Increase in net assets	133,330	305,427
Net assets at beginning of year	2,283,541	1,978,114
Net assets at end of year	$ 2,416,871	2,283,541

See accompanying notes to combined financial statements

BAYCARE HEALTH SYSTEM, INC. AND AFFILIATES

Combined Statements of Cash Flows

Years ended December 31, 2011 and 2010

(In thousands)

	2011	2010
Cash flows from operating activities		
Increase in net assets	$ 133,330	305,427
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization	158,918	148,991
Amortization of bond premiums and discounts, net	(1,971)	(1,086)
Amortization of bond issue costs	1,270	1,927
Loss on impairment of goodwill	—	4,054
Loss on extinguishment of debt	—	5,072
Loss on sale of business and other property and equipment	1,186	458
Change in net unrealized losses (gains) on investments	58,988	(110,254)
Change in realized gains on investments	(50,570)	(39,343)
Change in fair value of interest rate swaps	55,089	13,952
Change in beneficial interest in net assets of foundations	261	(9,840)
Restricted contributions	(2,173)	(785)
Pension-related changes other than net periodic pension cost	16,503	590
Changes in		
Accounts receivable, net	(4,946)	(14,279)
Inventories	(1,546)	(6,325)
Prepaid expenses and other current assets	(5,713)	16,652
Accounts payable and accrued expenses	(54,622)	41,404
Employee compensation and benefits	17,001	3,641
Estimated third-party settlements	14,257	8,116
Other liabilities	(6,219)	(11,076)
Net cash provided by operating activities	329,043	357,296
Cash flows from investing activities		
Purchases of property and equipment, net	(229,327)	(189,364)
Proceeds from sales of property and equipment	701	125
Payment for acquired businesses	(21,852)	—
Purchases of assets limited as to use and investments	(2,870,792)	(2,280,232)
Proceeds from sales of assets limited as to use and investments	2,792,802	2,175,717
(Decrease) increase in other assets	(2,773)	2,722
Net cash used in investing activities	(331,241)	(291,032)
Cash flow from financing activities		
Restricted contributions	2,173	785
Cash received to terminate interest rate swap agreement	—	486
Payment of call premium	—	(969)
Payment of debt issue costs	—	(2,308)
Proceeds from the issuance of debt	539	210,213
Repayments of long-term debt	(25,551)	(232,470)
Net cash used in financing activities	(22,839)	(24,263)
(Decrease) increase in cash and cash equivalents	(25,037)	42,001
Cash and cash equivalents at beginning of year	62,424	20,423
Cash and cash equivalents at end of year	$ 37,387	62,424
Supplemental disclosures of cash flow information		
Cash paid during the year for interest	$ 31,637	30,967
Purchase of equipment under capital lease obligation	2,876	809

See accompanying notes to combined financial statements

(1) Organization

BayCare Health System, Inc (BayCare), a not-for-profit corporation exempt from state and federal income taxes, was formed effective July 1, 1997, pursuant to a joint operating agreement (JOA) among Catholic Health East, Morton Plant Mease Health Care, Inc , South Florida Baptist Hospital, Inc (collectively, the Members), and BayCare

The Members executed the JOA to develop a regional healthcare network providing for a collaborative effort in the areas of community healthcare delivery, enhanced access to healthcare services for the poor, and the sharing of other common goals The JOA is effective for a period of 50 years

The JOA provides for the Members to maintain ownership of their assets while agreeing to operate as one organization with common governance and management All entities managed by BayCare are included in these combined financial statements for both years presented Terms of the JOA provide that residual free cash flow, as defined, and funding for capital expenditures are allocated among the Members based on predetermined percentages Such allocations are eliminated in combination

The Members' entities operate a number of acute care hospital facilities in the Tampa Bay, Florida area, as well as a rehabilitation facility, a life care facility, home health agency, ambulatory care sites, and physician practices The accompanying combined financial statements include the Members and various entities controlled by the Members, a wholly owned insurance company and other related entities, hereafter referred to as the Organization

All significant intercompany transactions among these entities and other wholly owned subsidiaries have been eliminated from the combined financial statements

The following summarizes significant changes in the Organization in 2011 and 2010

St Joseph's Hospital – North (SJH-North) opened February 15, 2010 and is located north of St Joseph's Hospital in Lutz, Florida SJH-North is a 76-bed general acute care hospital, which provides a full range of inpatient and outpatient healthcare services, including emergency room, labor and delivery, and surgical services

(2) Summary of Significant Accounting Policies

(a) Use of Estimates

The preparation of these combined financial statements, in conformity with U S generally accepted accounting principles, requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the combined financial statements, and the reported amounts of revenues and expenses during the reporting period Actual results could differ from those estimates

(b) Cash and Cash Equivalents

Cash and cash equivalents include investments in highly liquid instruments with a maturity of three months or less when purchased, except those classified as assets limited as to use and as investments that are held in the Organization's investment management program (Investment Pool)

(Continued)

(c) Securities Lending Transactions

The Organization participates in securities lending transactions whereby a portion of investments and assets limited as to use are loaned to various brokers in return for cash and securities from the brokers as collateral for the securities loaned Pursuant to these arrangements, the collateral received must always equal at least 102% of the market value of the securities loaned, which is determined at the end of each business day Collateral received for securities lending transactions and the related liabilities are considered Level 1 investments (see note 2(o) for discussion of Level 1, Level 2, and Level 3 valuation methods) The collateral held for the securities loaned and related payable of equal value at December 31, 2011 and 2010 have been reflected in the accompanying combined balance sheets

The securities on loan are included in the following classifications (in thousands)

		December 31	
		2011	2010
Equity securities			
U S	$	28,925	40,406
International		14,295	9,371
Fixed income securities		85,720	89,724
Total	$	128,940	139,501

The Organization recorded net investment income of approximately $415,000 and $340,000 on these transactions for the years ended December 31, 2011 and 2010, respectively Net investment income represents the amount received as investment income on the securities received as collateral, offset by the fees paid to the various brokers, and the investment earnings on the securities loaned to the brokers

(d) Investments and Investment Income

The Organization has designated substantially all of its investments as trading Investments in debt and equity securities with readily determinable fair values are measured at fair value using quoted market prices Investments in limited partnerships that invest in marketable securities and derivative products (hedge funds) are reported using the equity method of accounting based on information provided by the respective partnership Investments in private equity limited partnerships are recorded using the cost method of accounting, as the Organization's ownership is less than 5% and the Organization has no significant influence over the partnerships

Investment income (including realized gains and losses, unrealized gains and losses on trading securities, interest, and dividends) is included in excess of revenues and gains over expenses unless such earnings are subject to donor-imposed restrictions Investment income restricted by donor stipulations is reported as an increase-in-temporarily restricted net assets Unrealized gains and losses on investments classified as other than trading are reported as a change in unrestricted net assets

The Organization holds certain investments on behalf of others in the Investment Pool Certain affiliated, uncombined not-for-profit organizations, which are not members of the JOA, are participants in the Investment Pool The combined financial statements present investments held on behalf of others, at fair value, as a current asset with a corresponding current liability representing the obligation to return the investments to the non-JOA participants in the Investment Pool The investments held and related liability of equal value at December 31, 2011 and 2010 have been reflected in the accompanying combined balance sheets

(e) Assets Limited as to Use

Assets limited as to use include investments held by BCHS Insurance, Ltd (Captive), a wholly owned insurance captive, as well as assets held by the life care facility as required under Florida Statutes, contractual obligation, or donor restrictions Amounts required to meet current liabilities of the Organization have been classified as current assets in the combined balance sheets

Assets limited as to use are set aside and designated as follows (in thousands)

	December 31	
	2011	**2010**
BCHS Insurance captive fund	$ 191,276	201,508
Other	8,811	8,708
	200,087	210,216
Less amount included in current assets	2,635	2,331
	$ 197,452	207,885

(f) Inventories

Inventories consist primarily of medical and surgical supplies and pharmaceuticals and are valued at lower of cost (first-in, first-out method) or market

(g) Property and Equipment

Property and equipment are recorded at historical cost at the date of acquisition or fair value at the date of donation

Depreciation and amortization expense is calculated using the straight-line method over the estimated useful lives of the property and equipment or the lease term, whichever is less Routine maintenance and repairs are charged to expense as incurred Expenditures that increase capacities or extend useful lives are capitalized Interest cost on borrowed funds during the construction period is capitalized as a component of the cost of the assets

Property and equipment consist of the following (in thousands)

	December 31	
	2011	**2010**
Land	$ 119,816	119,768
Land improvements	46,532	45,503
Buildings and improvements	1,590,810	1,467,053
Equipment	1,130,151	1,056,251
	2,887,309	2,688,575
Less accumulated depreciation and amortization	1,574,699	1,438,621
	1,312,610	1,249,954
Construction in progress	124,752	107,882
Property and equipment, net	$ 1,437,362	1,357,836

Interest costs of approximately $2,893,000 and $2,212,000 were capitalized during the years ended December 31, 2011 and 2010, respectively Included in buildings and equipment are assets leased under capital leases of approximately $11,758,000 and $12,446,000, net of accumulated amortization of approximately $9,529,000 and $8,490,000, at December 31, 2011 and 2010, respectively

The Organization reviews whether events and circumstances have occurred to indicate if the remaining estimated useful life of long-lived assets may warrant revision or that the remaining balance of an asset may not be recoverable If such an event occurs, an assessment of possible impairment is based on whether the carrying amount of the asset exceeds the expected total undiscounted cash flows expected to result from the use of the assets and their eventual disposition No impairments were recorded in 2011 and 2010

The Organization had construction and information technology commitments of approximately $56,911,000 relating to various projects as of December 31, 2011

(h) Beneficial Interest in Net Assets of Foundations

Beneficial interest in net assets of foundations primarily represents contributions received by affiliated fund-raising foundations on behalf of the Organization, net of expenses incurred by the foundations

(i) Self-Insurance

The Organization is self-insured for professional liability, automobile insurance, workers' compensation, and employee health benefits The provisions for estimated self-insured claims include estimates of the ultimate costs for both reported claims and claims incurred, but not reported based on an evaluation of pending claims and past experience

(j) Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Organization has been limited by donors to a specific time period or purpose Temporarily restricted net assets are maintained primarily for the purposes of patient care related services, capital improvements, and research and education Permanently restricted net assets have been restricted by donors to be maintained by the Organization in perpetuity, the income from which is expendable to support the Organization's operations

(k) Net Patient Service Revenue

The Organization has agreements with third-party payors that provide for payments to the Organization at amounts different from its established rates Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments The Organization provides discounts to uninsured patients who do not qualify for Medicaid, charity care, or county funding Net patient service revenue is reported at estimated net realizable amounts from patients, third-party payors, and others for services rendered and includes estimated retroactive revenue adjustments due to future audits, reviews, and investigations Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the periods the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews, and investigations The 2011 and 2010 net patient service revenue increased approximately $18,845,000 and $13,475,000, respectively, due to final settlements on open cost report filings, specific settlement of certain appeal issues, and changes in recorded estimates for retroactive adjustments

Revenue from the Medicare and Medicaid programs accounted for approximately 34% and 10% and 35% and 9%, respectively, of the Organization's net patient service revenue for the years ended December 31, 2011 and 2010, respectively Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation As a result, there is at least a reasonable possibility that recorded estimates associated with these programs will change by a material amount in the near term

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements Net patient accounts receivable included approximately $66,500,000 or 25% and $65,911,000 or 25% due from the Medicare program and approximately $32,980,000 or 13% and $20,755,000 or 8% due from the Medicaid program as of December 31, 2011 and 2010, respectively The credit risk for other concentrations of receivables is limited due to the large number of insurance companies and other payors that provide payments for services

(l) Community Commitment

The Organization exists to meet the healthcare needs of the community Patients who are uninsured or underinsured and cannot pay for hospital services are eligible for either traditional or hardship charity consideration

The Agency for Health Care Administration (AHCA) defines traditional charity care eligibility at 200% of the federal poverty guidelines, unless the amount due from the patient exceeds 25% of annual family income limited to four times the poverty level In an effort to meet its mission, the Organization affords its patients a hardship charity, which is defined as 250% of the federal poverty guidelines Accordingly, services are being provided to the community at no charge or for which costs exceed the payments received Because payment is not pursued from patients meeting these guidelines, such amounts are not reported as net patient service revenue

Payments received from Medicaid and other means-tested (based on patients' income level) programs are significantly less than established patient charges and are less than management's estimate of the costs of providing those services These payments reduce the community commitment costs An assessment of 1 0% to 1 5% of certain operating revenue earned and recorded is paid by several of the Organization's Hospitals to help fund the Florida Medicaid and indigent care program The assessment has been included in the Medicaid and other means-tested program amounts below Reimbursement received under the uncompensated and indigent care programs are included as subsidized costs Unbilled community services represent management's estimate of the cost of providing various programs to the community at no or little charge These programs include health screenings, educational programs, sponsorships, and research

The tables below summarize the Organization's community commitment as measured by unreimbursed costs (estimated by the Organization's cost accounting system) (in thousands)

	December 31, 2011			
	Charity care	Medicaid and other means-tested programs	Unbilled community services	Total
Community commitment	$ 81,781	79,552	11,938	173,271
Subsidized costs	(3,885)	(1,912)	(100)	(5,897)
Net community commitment	$ 77,896	77,640	11,838	167,374

	December 31, 2010			
	Charity care	Medicaid and other means-tested programs	Unbilled community services	Total
Community commitment	$ 88,683	95,045	11,515	195,243
Subsidized costs	(8,405)	(2,152)	(101)	(10,658)
Net community commitment	$ 80,278	92,893	11,414	184,585

(Continued)

(m) Excess of Revenues and Gains over Expenses and Changes in Unrestricted Net Assets

Activities deemed by the Organization to be a provision of healthcare services are reported as operating revenues and expenses Other activities that are peripheral to providing healthcare services are reported as nonoperating gains and losses Consistent with industry practice, other changes in unrestricted net assets are excluded from excess of revenues and gains over expenses

(n) Income Taxes

The majority of the affiliates within the Organization are not-for-profit organizations described in Section 501(c)(3) of the Internal Revenue Code, and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Internal Revenue Code, and are also exempt from state income taxes Management believes that the unrelated business income generated by the Organization and its exempt affiliates is not material to the combined financial statements

(o) Fair Value Measurements

Fair value guidance defines fair value as the exit price that would be received to sell an asset or paid to transfer a liability under current market conditions, in the principal or most advantageous market to the asset or liability, in an orderly transaction between market participants on the measurement date It requires assets and liabilities to be grouped into three categories based on certain criteria as noted below

- Level 1 Fair value is determined by using quoted prices for identical assets or liabilities in active markets

  The Organization's Level 1 assets and liabilities include cash, trading and other-than-trading investments in U S and international equities, mutual funds and exchange-traded notes are valued at the quoted market prices

- Level 2 Fair value is determined by using quoted prices for identical assets or liabilities in inactive markets, quoted prices for similar assets or liabilities in active markets, observable inputs other-than-quoted prices, and market corroborated inputs

  The Organization's Level 2 assets and liabilities include trading and other-than-trading investments in commingled trust funds, hedge funds, U S Treasuries, treasury inflation-protected securities, other government securities, corporate debt securities, derivatives, and asset-backed securities with fair values modeled by external pricing vendors Level 2 assets and liabilities also include the Organization's interest rate swaps valued using widely accepted models that incorporate readily observable inputs in active markets (see note 5)

- Level 3 Fair value is determined by using inputs based on management assumptions that are not directly observable

  The Organization's Level 3 assets include fixed income investments and other sundry assets

(p) Reclassifications

Certain 2010 amounts have been reclassified to conform to the 2011 combined financial statement presentation, including a reclassification of realized gains on investments, net in the combined statements of cash flows that decreases net cash provided by operating activities, and increases net cash used in investing activities by approximately $39,400,000

(3) Assets Limited as to Use, Investments, and Investments Held on Behalf of Others

The table below summarizes the fair values of assets limited as to use, investments and investments held on behalf of others as of December 31, 2011 (in thousands) See note 2(o) for a discussion of valuation methodologies

	December 31, 2011	Fair value measurements at reporting date		
		Level 1	Level 2	Level 3
Asset class				
Cash	$ 50,915	50,915	—	—
Equity securities				
U S	411,102	242,678	168,424	—
International	284,872	138,500	146,358	14
Fixed income securities	842,953	8,163	833,649	1,141
Other types of investments				
Hedge funds	106,065	—	106,065	—
Real assets	95,634	35,629	60,005	—
	1,791,541	$ 475,885	1,314,501	1,155
Accrued income	7,100			
Recorded at cost basis	52,454			
	1,851,095			
Less amount included in current assets	23,226			
	$ 1,827,869			

(Continued)

The table below summarizes the changes in Level 3 assets for the year ended December 31, 2011 (in thousands)

	Fair value measurements using significant unobservable inputs (Level 3)		
	Fixed income securities	Other	Total
Beginning balance	$ 41,401	634	42,035
Total losses (realized/unrealized) included in excess of revenues and gains over expenses	(1,448)	(32)	(1,480)
Purchases	171,345	1,059	172,404
Sales	(180,719)	(704)	(181,423)
Settlements	(770)	—	(770)
Transfers out of Level 3	(28,668)	(943)	(29,611)
Ending balance	$ 1,141	14	1,155

The table below summarizes the fair values of assets limited as to use, investments and investments held on behalf of others as of December 31, 2010 (in thousands) See note 2(o) for a discussion of valuation methodologies

	December 31, 2010	Fair value measurements at reporting date		
		Level 1	Level 2	Level 3
Asset class				
Cash	$ 17,627	17,627	—	—
Equity securities				
U S	455,699	253,535	202,055	109
International	344,141	161,149	182,467	525
Fixed income securities	790,853	16,819	732,633	41,401
Other types of investments				
Hedge funds	69,735	—	69,735	—
Real assets	51,624	24,011	27,613	—
	1,729,679	$ 473,141	1,214,503	42,035
Accrued income	6,836			
Recorded at cost basis	45,157			
	1,781,672			
Less amount included in current assets	23,071			
	$ 1,758,601			

(Continued)

The table below summarizes the changes in Level 3 assets for the year ended December 31, 2010 (in thousands)

	Fair value measurements using significant unobservable inputs (Level 3)		
	Fixed income securities	Other	Total
Beginning balance	$ 23,654	884	24,538
Total gains (losses) (realized/unrealized) included in excess of revenues and gains over expenses	1,002	(63)	939
Purchases	90,800	140	90,940
Sales	(68,460)	(111)	(68,571)
Settlements	(1,879)	(27)	(1,906)
Transfers out of Level 3	(3,716)	(189)	(3,905)
Ending balance	$ 41,401	634	42,035

The fair values of the following investments have been estimated using the net asset value per share of the investments as of December 31, 2011 and 2010 (in thousands) There are no unfunded commitments on any of these funds at December 31, 2011 and 2010

	December 31		Redemption frequency	Redemption notice period
	2011	2010		
Asset category				
U S equity index funds (a)	$ 168,424	202,053	Daily	None
International small cap equity partnership (b)	64,874	77,054	Monthly	15 days
International emerging markets equity partnership (c)	56,999	78,830	Monthly	10 days
International equity commingled funds (d)	23,667	26,587	Daily	None
Fixed income high yield bond partnership (e)	79,027	65,637	Monthly	10 days
Fixed income bond index fund (f)	110,316	110,099	Daily	None
Hedge fund of funds (g)	106,065	69,735	Semiannually	95 days
Real asset partnership (h)	19,292	11,613	Monthly	30 days
Global fixed income partnership (i)	71,627	—	Monthly	15 days
Private real estate investment trust (j)	40,952	16,000	Quarterly	90 days
	$ 741,243	657,608		

(Continued)

(a) The primary objective of the U S equity index funds is to match the risk and return characteristics of the S&P 500 Index Funds that participate in the securities lending program have a twice per month redemption restriction, and a total redemption would require the Organization to fund its portion of any collateral shortfall

(b) The international small cap equity partnership's investment objective is to outperform the MSCI EAFE Small Cap Market Index by investing in a portfolio of non-U S small cap equities Full redemptions from these funds may be paid out over the course of time to prevent large withdrawals from having adverse impacts on the partnership

(c) The investment objective of the international emerging markets equity partnership is to outperform the MSCI Emerging Markets Index, net of dividend withholding taxes, by investing in a portfolio of non-U S , emerging market equities Full redemptions from these funds may be paid out over the course of time to prevent large withdrawals from having adverse impacts on the partnership

(d) The primary objective of the international equity commingled funds is to provide a rate of return prudently achievable from investments in common stocks and other equity-related investments in common stocks and other equity-related markets

(e) The fixed income high yield bond partnership's primary investment objective is to achieve a high total return as compared to both the relevant high yield bond indices and the investment grade bond market by investing in high yield fixed income securities and/or debt of issuers who are organized or have a substantial portion of their assets or business located in the United States and Canada As a secondary objective, the fund seeks to provide high current income consistent with moderate risk Minimum redemptions from this fund are $100,000 In the case of a redemption of 90% or more of the net asset value of a partner's units as determined by the General Partner, the Partnership will distribute 90% of the estimated net asset value within two business days following the valuation date on which such withdrawal was made and the balance on or before 10 business days following such withdrawal

(f) The primary objective of the fixed income bond index fund is to hold a portfolio representative of the overall U S bond and debt market, as characterized by the Barclays Aggregate Bond Index Funds that participate in the securities lending program have a twice per month redemption restriction, and a total redemption would require the Organization to fund its portion of any collateral shortfall

(g) The hedge fund of funds's objective is to develop and actively maintain an investment portfolio of long-term returns, with low volatility and downside protection qualities

(h) The real asset partnership seeks to generate a total return in the long-term through investments in commodity-related instruments globally

(i) The investment objective of the global fixed income partnership is to outperform the Barclays Capital Multiverse Index by including exposure to the emerging market debt plus the ability to invest in other markets

(j) The private real estate investment trust's primary objective is to invest in established core real estate with a diversified portfolio of high quality buildings in the most liquid markets in the United States

Investment income and gains and losses on assets limited as to use and investments comprise the following (in thousands)

	Year ended December 31	
	2011	**2010**
Investment income (loss)		
Interest and dividends	$ 40,331	36,093
Realized gains, net	50,624	39,352
Change in unrealized gains (losses) on trading investments	(59,025)	110,282
	31,930	185,727
Other changes in net assets		
Changes in net unrealized gains (losses) on other-than-trading securities	37	(14)
	37	(14)
Total investment return	$ 31,967	185,713

Investment income is recorded net of investment expense, which was approximately $5,744,000 and $5,386,000 during the years ended December 31, 2011 and 2010, respectively

(Continued)

(4) Long-Term Debt and Capital Leases

The Organization is obligated under long-term debt as follows (in thousands)

	December 31	
	2011	2010
Pinellas County Health Facilities Authority Revenue Bonds, Series 2009A, interest rate determined on a weekly basis (approximately 0 08% at December 31, 2011) payable through 2038	$ 200,000	200,000
City of Tampa, Florida, Health System Revenue Bonds, Series 2010, at rates from 3 25% to 5 00%, payable through 2023 (net of unamortized premium)	181,482	196,386
Pinellas County Health Facilities Authority Revenue Bonds, Series 2006B, interest rate determined on a weekly basis (approximately 0 15% at December 31, 2011) payable through 2033	154,430	154,430
Pinellas County Health Facilities Authority Revenue Bonds, Series 2000, interest at 5 00%, payable through 2030 (net of unamortized discount)	94,793	94,700
Pinellas County Health Facilities Authority Revenue Bonds, Series 2003A, at rates from 0 30% to 5 00%, payable through 2033 (net of unamortized premium)	64,791	72,534
City of Tampa, Florida, Health System Revenue Bonds, Series 1998A-1, interest at 5 50%, payable through 2014 (net of unamortized premium)	44,925	45,193
Mease Countryside medical office building capital lease, interest at 8 24%, payable through 2022	4,928	5,188
Orthopedic Pavilion office building capital lease, interest at 9 13%, payable through 2024	3,767	3,861
Other	6,459	7,390
	755,575	779,682
Less current portion of long-term debt	(55,534)	(75,282)
Long-term debt, less current portion	$ 700,041	704,400

(Continued)

Aggregate maturities of long-term debt and capital lease obligations as of December 31, 2011 follow (in thousands)

2012	$	55,534
2013		97,393
2014		98,409
2015		93,978
2016		94,204
Thereafter		309,000
		748,519
Unamortized premium, net		7,056
	$	755,575

The Organization has a BayCare Obligated Group, which consists of certain members of the Organization (collectively, the Obligated Entities) The BayCare Obligated Group includes BayCare, St Joseph's Health Care Center, Inc , St Joseph's Hospital, Inc , St Anthony's Hospital, Inc , Morton Plant Mease Health Care, Inc , Morton Plant Hospital Association, Inc , Trustees of Mease Hospital, Inc , and South Florida Baptist Hospital, Inc All of the outstanding bonds of the Obligated Entities are subject to the Master Trust Indenture and constitute BayCare Obligated Group indebtedness The covenants in connection with the long-term debt agreements described above provide for the maintenance of certain levels of debt coverage and working capital, certain restrictions on additional indebtedness, and certain types and amounts of insurance protection

In May 2010, the Organization issued $199,455,000 of City of Tampa, Florida Health System Revenue Bonds (the Series 2010 Bonds) The proceeds were used to refund a portion of the Series 1998 bonds A loss on early extinguishment of debt of approximately $5,072,000 was recorded during 2010, and is included in other nonoperating gains (losses), net in the accompanying combined statements of operations and changes in net assets

The principal and interest payments on the Series 2009A Bonds are secured by credit facilities with "banks," which expire in 2014 and 2015, unless extended by agreement between the banks and the Organization Amounts drawn on the 2009A1 credit facility agreement are payable by the Organization in 8 equal quarterly installments commencing on the three hundred sixty-seventh (367th) day following the date on which amounts are drawn Amounts drawn on the 2009A2 and 2009A3 credit facility agreements are payable by the Organization in 12 equal quarterly installments commencing on the first day of the fourth month following the date on which amounts are drawn

The principal and interest payments on the Series 2006B Bonds are secured by a standby bond purchase agreement (SBPA) with a "bank," which expires in 2013, unless extended by agreement between the bank and the Organization Amounts drawn on the SBPA are payable by the Organization in 48 equal monthly installments commencing on the three hundred sixty-sixth (366th) day after the date on which amounts are drawn

(Continued)

The table below summarizes the carrying amount and fair value of the Organization's debt as of December 31, 2011 and 2010 (in thousands)

	2011		2010	
	Carrying amount	Fair value	Carrying amount	Fair value
Long-term debt	$ 755,575	771,209	779,682	785,375

Fair values of the Organization's debt are based upon the quoted market prices for the same or similar issues or on the current rates offered to the Organization for debt and capital lease obligations of the same remaining maturities

Debt issue costs, net of accumulated amortization, are included in other assets and are being amortized utilizing methods that approximate the effective interest method over the life of the debt Amortization of debt issuance costs is included in interest expense

Bond discounts and premiums are being amortized using the effective interest method over the life of the related debt Amortization of bond discounts and premiums is included in interest expense Unamortized bond discounts and unamortized bond premiums are included with the related debt in the combined balance sheets

(5) Interest Rate Swap Agreements

The Organization uses interest rate swaps to manage net exposure to interest rate changes related to its borrowings and to manage its overall borrowing costs These swaps are recorded as either other assets or other liabilities at fair value

BayCare's interest rate swap contracts are as follows (in thousands)

Expiration date	BayCare pays fixed payor rate	BayCare receives	Notional amount	
			2011	2011
November 2033	3 669%	67% of 3-month USD-LIBOR	$ 77,215,000	77,215,000
November 2033	3 669	67% of 3-month USD-LIBOR	77,215,000	77,215,000
November 2038	2 222	67% of 3-month USD-LIBOR	75,000,000	75,000,000
November 2038	2 222	67% of 3-month USD-LIBOR	75,000,000	75,000,000
November 2038	2 222	67% of 3-month USD-LIBOR	50,000,000	50,000,000
			$ 354,430,000	354,430,000

An interest rate swap is an agreement in which two parties agree to exchange, at specified intervals, interest payment streams calculated on an agreed upon notional principal amount with at least one stream based upon a specified floating rate index The differential to be paid or received as interest rates change is

recognized as an adjustment to interest expense, which amounted to an increase of approximately $9,327,000 and $7,303,000 for the years ended December 31, 2011 and 2010, respectively

The fair value of the interest rate swap agreements at December 31 is as follows

Derivatives not designated as hedging instruments	Balance sheet location	2011	2010
Interest rate swap contracts	Other Assets	$ —	13,482,000
Interest rate swap contracts	Other Liabilities	60,440,000	18,833,000

During 2008, the Organization discontinued hedge accounting for all swaps previously designated as hedges as the swaps were no longer considered to be highly effective The Organization continues to carry the swaps at fair value with the subsequent changes in fair value included in nonoperating gains (losses), net Losses of approximately $9,963,000 and $10,421,000 at December 31, 2011 and 2010, respectively, that were accumulated in unrestricted net assets prior to the discontinuance of hedge accounting are being amortized in nonoperating gains (losses), net using the straight-line method over the remaining life of the swaps

The change in fair value of the interest rate swaps resulted in a loss of approximately $55,089,000 and a loss of approximately $13,952,000 for the years ended December 31, 2011 and 2010, respectively, included in nonoperating gains (losses), net

(6) Goodwill

Goodwill of approximately $22,234,000 and $14,129,000 for the years ended December 31, 2011 and 2010, respectively, included in other assets, results from the excess of the amount paid over the fair value of tangible assets and liabilities of acquired healthcare businesses The Organization reviews goodwill for impairment at least annually or whenever events or circumstances indicate that the carrying value may not be recoverable in accordance with the provisions of ASC Topic 350 *Accounting for Intangibles - Goodwill and Other*, which was adopted on January 1, 2010

Upon adopting ASC Topic 350, the Organization completed the required transitional impairment testing and recorded impairment losses of approximately $4,054,000, which is recorded in nonoperating gains (losses), net for the year ended December 31, 2010

The annual impairment test was completed for the year ended December 31, 2011 and it was determined that no impairment existed No recent events or circumstances have occurred to indicate that impairment may exist

(7) Commitments and Contingencies

(a) Professional Liability

The nature of the Organization's business inherently subjects the Organization to the risks of professional liability litigation Estimated losses arising from events identified under the Organization's incident reporting system have been recorded in the accompanying combined financial statements In addition, an accrual for possible losses attributable to incidents that may have

occurred, but that have not been identified under the incident reporting system has been estimated The estimate is valued at the present value of discounted future cash flows based on historical experience, relevant trend factors, and advice from consulting actuaries The Organization is presently a defendant in various professional liability related legal actions The Organization may be liable for losses in excess of the amount recorded at December 31, 2011, however, in the opinion of management, adequate provision has been made for estimated losses from asserted and unasserted claims

The Organization's entities are insured through a retrospectively rated insurance agreement with the Captive The Captive also provides professional liability insurance for Florida-licensed, practicing physicians and allied healthcare professionals who meet the company's underwriting requirements and have privileges to treat patients at the Organization's affiliated facilities

Claims of approximately $137,685,000 and $151,443,000 at December 31, 2011 and 2010, respectively, are accrued based upon the expected ultimate costs of the experience to date of the captive (including a provision for unknown incidents) discounted using a rate of 1 5% and 2 0% at December 31, 2011 and 2010, respectively, and are included in other long-term liabilities

(b) Litigation and Investigations

Certain of the Organization's affiliated entities currently are the subject of litigation other than professional liability litigation, as well as inquiries by federal agencies The litigation generally involves matters of healthcare and employment law, as well as certain matters that arise in the ordinary course of business The inquiries generally involve the application of complex healthcare regulations The Organization is fully cooperating with the federal agencies in connection with their inquiries Based on current information, management believes at this time that the results of the litigation and inquiries are not likely to have a material adverse effect on the combined financial position and results of the Organization

The Organization has received two Subpoenas Duces Tecum from the Department of Health and Human Services Office of Inspector General (OIG) relative to one of its hospitals The Organization has cooperated fully with the OIG and has produced considerable documentation in response to the subpoenas Through discussions with the government, the Organization has determined that the OIG investigation relates to the appropriateness of the statusing of certain Medicare patients who were billed as inpatients from 2006 - 2008 primarily with respect to cardiac procedures The Organization has also learned that the OIG intends to expand the investigation to include other BayCare hospitals No monetary demand has been made with respect to the investigation and BayCare is unable to determine whether it will incur a material liability with respect to the investigation, or the range of any such exposure as of December 31, 2011

(c) Operating Leases

The Organization has entered into noncancelable operating lease agreements for the rental of building space, computer software, and equipment Future minimum lease payments associated with these lease agreements (with initial or remaining lease terms in excess of one year) for each of the five years subsequent to December 31, 2011 are (in thousands) as follows

2012	$	14,893
2013		13,184
2014		10,091
2015		8,694
2016		6,438
Thereafter		20,286
Total	$	73,586

Rental expense for operating leases totaled approximately $26,507,000 and $25,076,000 for the years ended December 31, 2011 and 2010, respectively

(d) Minimum Revenue Guarantees

In order to recruit and retain physicians to meet community needs and to provide specialty coverage necessary for full service hospitals, the Organization has committed to certain arrangements in the form of minimum revenue guarantees with various physicians Amounts advanced under recruiting agreements are generally forgiven pro rata over a period of 12 to 48 months, after one to two years of completed service Forgiveness of these advances is contingent upon the physician continuing to practice in the respective community In the event the physician does not fulfill his or her responsibility to maintain a practice in the respective community during the contract period, the physician agrees to repay all outstanding amounts advanced during the guarantee period

The Organization records an asset for the estimated value of the minimum revenue guarantees, which amounted to approximately $4,333,000 and $5,460,000 as of December 31, 2011 and 2010, respectively, and amortizes the asset from the beginning of the guarantee payment period through the end of the agreement The Organization had liabilities for the minimum revenue guarantees of approximately $2,467,000 and $3,469,000 at December 31, 2011 and 2010, respectively As of December 31, 2011 and 2010, the maximum amount of all minimum revenue guarantees that could be paid prospectively was approximately $5,123,000 and $8,642,000, respectively

(8) Retirement Plans

Effective October 1, 2001, the Organization's board of trustees approved a systemwide BayCare Health System Retirement Plan (Plan), a defined contribution plan that covers substantially all employees who meet certain service requirements For these employees, the Plan provides that the Organization will contribute 2% of wages and also match 50% of the employee's contributions up to 6% of the contributing employee's wages Prior existing defined contribution plans were rolled into the Plan Contribution expense attributable to the defined contribution plan was approximately $30,550,000 and $28,589,000 for the years ended December 31, 2011 and 2010, respectively

Employees who were participants in the Organization's defined benefit pension plan were given a one-time option to remain in the plan or participate in the BayCare Health System Retirement Plan. For participants who elected to participate in the BayCare Health System Retirement Plan, the Organization froze their benefits under the defined benefit pension plan so the participants no longer earn additional benefits for future services in the defined benefit plan.

The authoritative guidance for the accounting of defined benefit pension and other postretirement plans requires recognition in the combined balance sheets of the funded status of defined benefit pension plans and the recognition in unrestricted net assets of unrecognized gains or losses, prior service costs or credits, and transition assets or obligations existing at the time of adoption. The funded status is measured as the difference between the fair value of the plan's assets and the projected benefit obligation of the plan. The valuation of plan assets and the calculation of benefit obligations and funded status utilized a measurement date of December 31, 2011.

The following are deferred pension costs, which have not yet been recognized in periodic pension expense, but instead are accrued in unrestricted net assets as of December 31, 2011 (in thousands):

	Amounts recognized in unrestricted net assets at December 31, 2011	Amounts in unrestricted net assets to be recognized during the next fiscal year
Net actuarial loss	$ 31,386	3,621

Unrecognized actuarial losses represent unexpected changes in the projected benefit obligation and plan assets over time, primarily due to changes in assumed discount rates and investment experience. Unrecognized prior service cost is the impact of changes in plan benefits applied retrospectively to employee service previously rendered. Deferred pension costs are amortized into annual pension expense over the average remaining assumed service period for active employees.

(Continued)

The following sets forth changes to the defined benefit pension plan's funded status and amounts recognized in the accompanying combined financial statements calculated as using a measurement date of December 31, 2011 and 2010 (in thousands)

	Year ended December 31	
	2011	**2010**
Change in projected benefit obligation		
Projected benefit obligation at beginning of year	$ 148,255	139,083
Service cost	1,831	1,924
Interest cost	7,810	8,019
Actuarial loss	10,817	6,036
Benefits paid	(7,098)	(6,807)
Projected benefit obligation at end of year	161,615	148,255
Change in plan assets		
Fair value of plan assets at beginning of year	106,467	95,805
Actual return on plan assets	1,848	12,181
Contributions made	4,826	5,288
Benefits paid	(7,098)	(6,807)
Fair value of plan assets at end of year	106,043	106,467
Net amount recognized as accrued pension cost included in other noncurrent liabilities	$ (55,572)	(41,788)

The accumulated benefit obligation for the pension plan was approximately $159,290,000 and $146,283,000 at December 31, 2011 and 2010, respectively

The following summarizes components of net periodic pension cost (in thousands)

	Year ended December 31	
	2011	**2010**
Service cost	$ 1,831	1,924
Interest cost	7,810	8,019
Expected return on plan assets	(7,515)	(6,778)
Amortization of net actuarial loss	9	44
Net periodic pension cost	$ 2,135	3,209

(Continued)

Weighted average assumptions used to determine net periodic pension cost follow

	Year ended December 31	
	2011	2010
Discount rate	5 50%	6 00%
Projected rate of increase in future compensation levels	4 50	4 50
Expected long-term rate of return on plan assets	7 50	7 50

Weighted average assumptions used to determine benefit obligations follow

	Year ended December 31	
	2011	2010
Discount rate	4 40%	5 50%
Projected rate of increase in future compensation levels	4 00	4 50

The Organization expects to contribute approximately $4,800,000 to the defined benefit pension plan prior to December 31, 2012

The benefits expected to be paid in each year from 2012 to 2016 are approximately $12,132,000, $13,179,000, $11,792,000, $11,169,000, and $11,847,000, respectively The aggregate benefits expected to be paid in the five years from 2017 to 2021 are approximately $59,959,000 The expected benefits to be paid are based on the same assumptions used to measure the System's benefit obligation at December 31, 2011 and include estimated future employee service

The investment objective of the defined benefit plan is to produce a return on investment that is based upon levels of liquidity and investment risk that are prudent and reasonable, given prevailing capital market conditions, which allows for payments of benefits to participants and their beneficiaries The investment objective also incorporates the financial condition of the plan, future growth of active and retired participants, inflation, and the rate of salary increases The defined benefit plan's investment committee has selected market-based benchmarks to monitor the performance of the investment strategy and performs periodic reviews of investment performance

The investment strategy has a current target asset allocation policy as follows 30% domestic equities, 20% international equities, 35% fixed income, 10% hedge funds, and 5% Treasury Inflation Protected Securities (TIPS) The expected long-term rate of return on plan assets is based primarily on expectations of future returns for the defined benefit plan's investments, based upon the target asset allocation Additionally, the historical returns on comparable equity and fixed income investments are considered in the estimate of the expected long-term rate of return on plan assets

The tables below summarize the fair values of pension plan assets as of December 31, 2011 and 2010 (in thousands) (see note 2(o) for discussion of valuation methods)

	December 31, 2011	Fair value measurements at reporting date		
		Level 1	Level 2	Level 3
Asset category				
Cash	$ 573	573	—	—
Equity securities				
U S	30,851	5,805	25,046	—
International	20,951	5,296	15,655	—
Fixed income securities	43,343	24,604	18,739	—
Hedge funds	10,325	—	10,325	—
Total	$ 106,043	36,278	69,765	—

	December 31, 2010	Fair value measurements at reporting date		
		Level 1	Level 2	Level 3
Asset category				
Cash	$ 1,168	1,168	—	—
Equity securities				
U S	30,990	6,344	24,646	—
International	23,010	5,523	17,487	—
Fixed income securities	40,833	23,173	17,660	—
Hedge funds	10,466	—	10,466	—
Total	$ 106,467	36,208	70,259	—

(Continued)

The fair values of the following pension plan assets have been estimated using the net asset value per share of the investments as of December 31, 2011 and 2010 (in thousands) There are no unfunded commitments on any of these funds at December 31, 2011 and 2010

	December 31		Redemption frequency	Redemption notice period
	2011	2010		
Asset category				
U S equity index fund (a)	$ 25,046	24,646	Daily	None
Int'l small cap equity partnership (b)	5,219	5,909	Monthly	15 days
Int'l emerging markets equity partnership (c)	5,243	6,021	Monthly	10 days
International equities fund (d)	5,193	5,557	Daily	None
TIPS commingled fund (e)	5,320	5,088	Daily	None
Passive core fixed income commingled fund (f)	13,419	12,572	Daily	None
Hedge fund of funds (g)	10,325	10,466	Semiannually	95 days
	$ 69,765	70,259		

(a) The primary objective of the U S equity index fund is to approximate the risk and return characteristics of the S&P 500 Index This index is commonly used to represent the large-cap segment of the U S equity market This fund may participate in securities lending

(b) The international small cap equity partnership's investment objective is to outperform the MSCI EAFE Small Cap Market Index by investing in a portfolio of non-U S small cap equities

(c) The investment objective of the international emerging markets equity partnership is to outperform the MSCI Emerging Markets Index, net of dividend withholding taxes, by investing in a portfolio of non-U S emerging market equities

(d) The international equities fund seeks capital appreciation through investments in an international portfolio of equity securities of issuers located in countries of developed markets

(e) The primary investment objective of the TIPS commingled fund is to match the risk and return characteristics of the Barclays Capital TIPS Index This fund may participate in securities lending

(f) The primary objective of the passive core fixed income commingled fund is to match the total return of the Barclays Aggregate Bond Index

(g) The hedge fund of funds's objective is to develop and actively maintain an investment portfolio of long-term returns, with low volatility and downside protection qualities

(Continued)

(9) Subsequent Events

The Organization has evaluated events and transactions occurring subsequent to December 31, 2011 as of March 9, 2012, which is the date the financial statements were issued. Management believes that no material events have occurred since December 31, 2011 that requires recognition or disclosure in the combined financial statements.

COMBINING INFORMATION

Schedule 1

BAYCARE HEALTH SYSTEM, INC AND AFFILIATES

Combining Balance Sheet Information

December 31, 2011

(In thousands)

Assets		BayCare Health System, Inc	Combined CHE Participants	Morton Plant Mease Health Care, Inc	South Florida Baptist, Inc	BCHS Insurance, Ltd	Subtotal	Eliminations	Combined
Current assets									
Cash and cash equivalents	$	15,617	7,184	11,468	3,118	—	37,387	—	37,387
Collateral received for securities lending transactions		132,161	—	—	—	—	132,161	—	132,161
Investments held on behalf of others		20,591	—	—	—	—	20,591	—	20,591
Assets limited as to use		—	2,635	—	—	—	2,635	—	2,635
Accounts receivable, net		24,709	121,016	108,540	9,983	—	264,248	—	264,248
Inventories		12,644	19,274	15,194	1,806	—	48,918	—	48,918
Prepaid and other current assets		22,065	11,543	13,604	1,003	3	48,218	(2,141)	46,077
Total current assets		227,787	161,652	148,806	15,910	3	554,158	(2,141)	552,017
Investments		117,455	665,162	771,558	76,242	—	1,630,417	—	1,630,417
Assets limited as to use		—	6,176	—	—	191,276	197,452	—	197,452
Property and equipment, net		135,939	755,857	507,895	37,671	—	1,437,362	—	1,437,362
Beneficial interest in net assets of foundations		—	22,139	85,966	5,770	—	113,875	—	113,875
Due from affiliates		673,143	(339,900)	(290,173)	(37,682)	—	5,388	(5,388)	—
Other assets		27,409	23,120	28,206	1,046	8,339	88,120	(5,120)	83,000
Total assets	$	1,181,733	1,294,206	1,252,258	98,957	199,618	4,026,772	(12,649)	4,014,123
Liabilities and Net Assets									
Current liabilities									
Accounts payable and accrued expenses	$	47,964	43,674	31,723	3,375	1,849	128,585	(2,141)	126,444
Employee compensation and benefits		79,413	35,036	30,838	2,412	—	147,699	—	147,699
Estimated third-party settlements		—	52,907	39,729	6,407	—	99,043	—	99,043
Current portion of long-term debt		53,851	720	978	—	—	55,549	(15)	55,534
Liabilities for investments held on behalf of others		20,591	—	—	—	—	20,591	—	20,591
Liabilities under securities lending transactions		132,161	—	—	—	—	132,161	—	132,161
Total current liabilities		333,980	132,337	103,268	12,194	1,849	583,628	(2,156)	581,472
Long-term debt, less current portion		689,301	2,082	8,713	—	—	700,096	(55)	700,041
Other liabilities		56,313	73,526	1,285	463	182,684	314,271	1,468	315,739
Total liabilities		1,079,594	207,945	113,266	12,657	184,533	1,597,995	(743)	1,597,252
Net assets									
Unrestricted		102,139	1,063,722	1,065,056	83,450	15,085	2,329,452	(11,906)	2,317,546
Temporarily restricted		—	21,454	49,791	2,850	—	74,095	—	74,095
Permanently restricted		—	1,085	24,145	—	—	25,230	—	25,230
Total net assets		102,139	1,086,261	1,138,992	86,300	15,085	2,428,777	(11,906)	2,416,871
Total liabilities and net assets	$	1,181,733	1,294,206	1,252,258	98,957	199,618	4,026,772	(12,649)	4,014,123

See accompanying independent auditors' report

BAYCARE HEALTH SYSTEM, INC AND AFFILIATES

Combining Statement of Operations and Changes in Net Assets Information

Year ended December 31 2011

(In thousands)

	BayCare Health System, Inc	Combined CHE Participants	Morton Plant Mease Health Care, Inc	South Florida Baptist, Inc	BCHS Insurance, Ltd	Subtotal	Eliminations	Combined
Operating revenues								
Net patient service revenues	$ 148 654	1 111 764	1 003 937	89 626	—	2 353 981	—	2 353 981
Other revenues	249 415	32 686	21 933	568	—	304 602	(232 307)	72 295
Total operating revenues	398 069	1 144 450	1 025 870	90 194	—	2 658 583	(232 307)	2 426 276
Operating expenses								
Salaries and benefits	229 763	503 823	420 574	38 904	—	1 193 064	(249)	1 192 815
Supplies	21 431	182 011	171 717	13 176	—	388 335	—	388 335
Other expenses	77 532	224 890	205 230	20 239	—	527 891	(177 557)	350 334
Depreciation and amortization	30 149	83 425	61 797	6 342	—	181 713	(22 795)	158 918
Provision for bad debts	5 292	72 406	56 922	8 254	—	142 874	—	142 874
Interest	28 281	13 706	12 923	1 111	—	56 021	(28 207)	27 814
Total operating expenses	392 448	1 080 261	929 163	88 026	—	2 489 898	(228 808)	2 261 090
Operating income	5 621	64 189	96 707	2 168	—	168 685	(3 499)	165 186
Nonoperating gains (losses) net								
Investment income net	1 959	12 522	15 517	1 347	585	31 930	—	31 930
Loss on interest rate swaps	—	(28 330)	(25 029)	(2 188)	—	(55 547)	—	(55 547)
Other nonoperating gains (losses) net	1 820	354	5 817	(82)	—	7 909	(256)	7 653
Total nonoperating gains (losses) net	3 779	(15 454)	(3 695)	(923)	585	(15 708)	(256)	(15 964)
Excess of revenues and gains over expenses	9 400	48 735	93 012	1 245	585	152 977	(3 755)	149 222

(Continued)

Schedule 2

BAYCARE HEALTH SYSTEM, INC AND AFFILIATES

Combining Statement of Operations and Changes in Net Assets Information

Year ended December 31 2011

(In thousands)

	BayCare Health System, Inc	Combined CHE Participants	Morton Plant Mease Health Care, Inc	South Florida Baptist, Inc	BCHS Insurance, Ltd	Subtotal	Eliminations	Combined
Unrestricted net assets								
Excess of revenues and gains over expenses	$ 9 400	48 735	93 012	1 245	585	152 977	(3 755)	149 222
Net unrealized gains on other-than-trading securities	—	37	—	—	—	37	—	37
Net asset transfers from joint operating agreement participants net	(8 258)	58 378	(48 054)	(2 066)	—	—	—	—
Contributions for capital equipment	—	742	—	250	—	992	—	992
Net assets released from restrictions for purchase of property and equipment	250	6	—	15	—	271	—	271
Amortization of accumulated hedge accounting losses	458	—	—	—	—	458	—	458
Pension-related changes other than net periodic pension cost	—	(16 503)	—	—	—	(16 503)	—	(16 503)
Other	(5 552)	(50)	219	(1)	(898)	(6 282)	4 020	(2 262)
Increase (decrease) in unrestricted net assets	(3 702)	91 345	45 177	(557)	(313)	131 950	265	132 215
Temporarily restricted net assets								
Contributions	—	1 221	915	37	—	2 173	—	2 173
Change in beneficial interest in net assets of foundations	—	1 661	(2 427)	(163)	—	(929)	—	(929)
Net assets released from restrictions for purchase of property and equipment	(250)	(6)	—	(15)	—	(271)	—	(271)
Net assets released from restrictions for operations	—	(653)	(267)	(46)	—	(966)	—	(966)
Other	1	2	(2)	—	—	1	—	1
Increase (decrease) in temporarily restricted net assets	(249)	2 225	(1 781)	(187)	—	8	—	8
Permanently restricted net assets								
Change in beneficial interest in net assets of foundations	—	41	1 066	—	—	1 107	—	1 107
Increase in permanently restricted net assets	—	41	1 066	—	—	1 107	—	1 107
Increase (decrease) in net assets	(3 951)	93 611	44 462	(744)	(313)	133 065	265	133 330
Net assets at beginning of year	106 090	992 650	1 094 530	87 044	15 398	2 295 712	(12 171)	2 283 541
Net assets at end of year	$ 102 139	1 086 261	1 138 992	86 300	15 085	2 428 777	(11 906)	2 416 871

See accompanying independent auditors report