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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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

C Name of organization
BayCare Health System Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 2985 Drew Street Suite | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
Clearwater, FL 33759

D Employer identification number
59-2796965

E Telephone number
(727) 519-1200

G Gross receipts $ 2,000,624,243

F Name and address of principal officer
Stephen Mason
2985 DREW STREET
Clearwater, FL 33759

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www baycare org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1987

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
BAYCARE HEALTH SYSTEM, Inc 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	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	2,768
6	Total number of volunteers (estimate if necessary)	6	20
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	4,206,074
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-85,337

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	196,899	429,016
9	Program service revenue (Part VIII, line 2g)	190,071,023	196,868,411
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,021,966	263,514,233
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,985,963	14,566,879
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	207,275,851	475,378,539

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,613,255	4,828,744
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)	128,428,124	137,389,832
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)	67,978,050	80,669,315
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	199,019,429	222,887,891
19	Revenue less expenses Subtract line 18 from line 12	8,256,422	252,490,648

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,389,987,222	2,861,054,687
21	Total liabilities (Part X, line 26)	2,289,622,982	2,558,116,795
22	Net assets or fund balances Subtract line 21 from line 20	100,364,240	302,937,892

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 — 2014-11-07 Date

▶ JOHN GANTNER EVP & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
WILLIAM RIKER				P01226021

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶

Firm's address ▶ 55 IVAN ALLEN JR BLVD SUITE 1000
ATLANTA, GA 30308 — Phone no

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

BAYCARE HEALTH SYSTEM, Inc 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 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 $ 180,678,455 including grants of $ 4,828,744) (Revenue $ 207,150,116)

BayCare Health System, Inc is the administrator of a regional healthcare system in the Tampa Bay Area The system is comprised of a network of 12 not-for-profit hospitals, outpatient facilities and services such as imaging, lab, behavioral health and home health care See Schedule O 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** ▶ 180,678,455

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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
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		No
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 and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		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 direct or indirect 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**	Yes	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	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 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	446		
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	2,768		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ, UK 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 as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds 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			No
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.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	21		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	18		
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 this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	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 ☐ Other (explain in Schedule O)

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

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

▶JOHN GANTNER EVP CFO 2985 DREW STREET
Clearwater, FL 33759 (727) 820-8005

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								8,750,656	0	747,400

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 ▶ 173

			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
CERNER, PO BOX 412702 KANSAS CITY MO 64141	Software maintenance	12,968,718
SIEMENS MEDICAL SOLUTIONS USA, PO BOX 120001 DEPT 0733 DALLAS TX 75312	Software maintenance	4,769,813
Dixie Southern Industrial Inc, 1060 N Commonwealth Ave POLK CITY FL 33868	Engineering services	1,113,840
SKANSKA USA BUILDING INC, 4030 W BOYSCOUT BLVD STE 200 TAMPA FL 33607	CONSTRUCTION SVS	16,036,970
BARTON MALOW CO, 26500 AMERICAN DR SOUTHFIELD MI 48034	CONSTRUCTION SVS	4,364,998

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 ▶ 89

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	81,087			
	e	Government grants (contributions)	1e	318,198			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	29,731			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		429,016			
Program Service Revenue			Business Code				
	2a	MANAGEMENT FEES	561000	189,965,102	189,965,102		
	b	BILLING AND COLLECTION FEES	561000	3,803,028	3,803,028		
	c	PREMIER PURCHASING PARTNERS	561000	1,644,582	1,581,300	63,282	
	d	BCHS INSURANCE	561000	685,223	780,400	-95,177	
	e	MEDICARE/MEDICAID NET REVENUE	561000	419,804	419,804		
	f	All other program service revenue		350,672	350,672		
	g	**Total.** Add lines 2a–2f		196,868,411			
	3	Investment income (including dividends, interest, and other similar amounts)		179,934,517		-36,410	179,970,927
	4	Income from investment of tax-exempt bond proceeds		-4,496			-4,496
	5	Royalties		0			
		(i) Real / (ii) Personal					
	6a	Gross rents: 82,936					
	b	Less rental expenses					
	c	Rental income or (loss): 82,936 / 0					
	d	Net rental income or (loss)		82,936		72,141	10,795
		(i) Securities / (ii) Other					
	7a	Gross amount from sales of assets other than inventory: 1,608,820,916 / 9,000					
	b	Less cost or other basis and sales expenses: 1,525,245,704					
	c	Gain or (loss): 83,575,212 / 9,000					
	d	Net gain or (loss)		83,584,212			83,584,212
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	SUPPLY CHAIN FEES (BISC)	561000	8,269,063	8,269,063		
	b	SARASOTA MEMORIAL MANAGEMENT FEE	561000	3,710,649		3,710,649	
	c	OTHER REVENUE	446199	2,504,231	2,012,642	491,589	
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		14,483,943			
	12	**Total revenue.** See Instructions		475,378,539	207,182,011	4,206,074	263,561,438

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	4,828,744	4,828,744		
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	6,670,217		6,670,217	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2,945,039		2,945,039	
7 Other salaries and wages	107,338,261	104,194,089	3,144,172	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,278,922	4,034,343	244,579	
9 Other employee benefits	8,679,058	8,307,563	371,495	
10 Payroll taxes	7,478,335	7,074,447	403,888	
11 Fees for services (non-employees)				
a Management	0			
b Legal	1,376,719		1,376,719	
c Accounting	944,306		944,306	
d Lobbying	698,730	698,730		
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	7,278,694		7,278,694	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,596,598	1,523,027	2,073,571	
12 Advertising and promotion	3,677,197	3,672,912	4,285	
13 Office expenses	11,508,798		11,508,798	
14 Information technology	40,097,966	40,085,419	12,547	
15 Royalties . .	0			
16 Occupancy	7,483,769	4,477,730	3,006,039	
17 Travel	1,591,459	4,450	1,587,009	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	814,105	665,123	148,982	
23 Insurance	198,089		198,089	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a DIETARY SUPPLIES	959,086	718,278	240,808	
b MISCELLANEOUS SUPPLIES	327,288	277,996	49,292	
c BAD DEBT EXPENSE	115,604	115,604		
d MEDICAL SUPPLIES	907		907	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	222,887,891	180,678,455	42,209,436	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		56,289,992	1	60,868,820
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		0	4	209,537
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		12,776,745	7	13,652,113
	8	Inventories for sale or use		9,613,672	8	11,594,923
	9	Prepaid expenses and deferred charges		15,439,831	9	13,541,648
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 366,573,457			
	b	Less accumulated depreciation	10b 210,371,916	119,366,312	10c	156,201,541
	11	Investments—publicly traded securities		1,014,501,473	11	963,919,223
	12	Investments—other securities See Part IV, line 11		1,132,785,802	12	1,475,831,317
	13	Investments—program-related See Part IV, line 11		11,910,740	13	139,035,621
	14	Intangible assets		6,584,570	14	5,783,910
	15	Other assets See Part IV, line 11		10,718,085	15	20,416,034
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,389,987,222	16	2,861,054,687
Liabilities	17	Accounts payable and accrued expenses		105,226,155	17	160,785,179
	18	Grants payable		0	18	0
	19	Deferred revenue		266,645	19	274,723
	20	Tax-exempt bond liabilities		922,111,864	20	897,120,423
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		1,619,748	23	639,956
	24	Unsecured notes and loans payable to unrelated third parties		0	24	77,600,000
	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		1,260,398,570	25	1,421,696,514
	26	**Total liabilities.** Add lines 17 through 25		2,289,622,982	26	2,558,116,795
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		100,364,240	27	302,937,892
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		100,364,240	33	302,937,892
	34	Total liabilities and net assets/fund balances		2,389,987,222	34	2,861,054,687

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	475,378,539
2	Total expenses (must equal Part IX, column (A), line 25)	2	222,887,891
3	Revenue less expenses Subtract line 2 from line 1	3	252,490,648
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	100,364,240
5	Net unrealized gains (losses) on investments	5	172,020,792
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-221,937,788
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	302,937,892

Part XII Financial Statements and Reporting

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

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

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Stephen Mason Trustee/Pres/CEO Baycare Hlth	45.0 60	X		X				2,373,154	0	65,118
Mahesh Amin Trustee	1.0 30	X						0	0	0
Mary Arghittu Trustee	1.0 40	X						0	0	0
Ed Armstrong Trustee	1.0 30	X						0	0	0
Alan Bomstein Trustee	1.0 30	X						0	0	0
John Borreca Trustee	1.0 30	X						0	0	0
George Cantonis Trustee	1.0 00	X						0	0	0
V Raymond Ferrara Trustee	1.0 10	X						0	0	0
Catherine Karl Trustee	1.0 00	X						0	0	0
Gene Marshall Trustee	1.0 30	X						0	0	0
Michael Mikurak Trustee	1.0 10	X						0	0	0
Dewey Mitchell Trustee	1.0 30	X						0	0	0
Larry Morgan Trustee	1.0 30	X						0	0	0
Eric Obeck Trustee	1.0 30	X						0	0	0
Bruce Rodwell Trustee	1.0 00	X						0	0	0
Gladys Sharkey Trustee	1.0 40	X						0	0	0
Michael Sparkman Trustee	1.0 00	X						0	0	0
William Tapp Trustee/Chairman	1.0 00	X		X				0	0	0
William West Trustee/Vice Chairman	1.0 30	X		X				0	0	0
Thomas Whiddon Trustee/Secretary/Treasurer	1.0 30	X		X				0	0	0
Michael Williamson Trustee	1.0 00	X						0	0	0
Tommy Inzina CAO/CFO/COO	45.0 10			X				1,439,409	0	80,337
Tim Thompson SVP, Information Svcs - CI	45.0 00				X			537,066	0	115,584
Christopher Jenkins VP, Infrastructure/CTO	45.0 00				X			268,714	0	62,407
Cynthia Jones VP, Applications	45.0 00				X			316,212	0	47,012

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Gwendolyn Mackenzie Pres/EVP, Sarasota Memorial	45 0 0 0					X		982,780	0	29,739
Bruce Flareau Pres, Baycare Phys Partners	45 0 0 0					X		786,357	0	120,692
Denton Crockett Jr SVP, Ambulatory Services	45 0 4 0					X		712,572	0	126,102
Stewart Schaffer VP, Marketing & Communications	45 0 0 0					X		593,136	0	30,320
David Verinder Jr COO, Sarasota Memorial	45 0 0 0					X		554,871	0	33,971
William Zipprer Former Dir Technology Svcs	0 0 0 0						X	186,385	0	36,118

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BayCare Health System Inc

Employer identification number
59-2796965

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

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

1 ☐ A church, convention of churches, or association of churches described in **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 - Non-functionally integrated
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 supported organization? — **11g(i)**		No
(ii) A family member of a person described in (i) above? — **11g(ii)**		No
(iii) A 35% controlled entity of a person described in (i) or (ii) above? — **11g(iii)**		No

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of monetary support
See Additional Data Table									
Total									176,918,045

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** 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—2012.** 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 Section 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

Additional Data

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

Form 990, Sch A, Part I, Line 11h - 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)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) MORTON PLANT HOSPITAL ASSOCIATION INC	590624462	03	Yes						48547404
(A) ST ANTHONY'S HOSPITAL INC	592043026	03	Yes						19552438
(B) ST JOSEPH'S HOSPITAL INC	590774199	03	Yes						63673886
(C) SOUTH FLORIDA BAPTIST HOSPITAL INC	590594631	03	Yes						6625978
(D) BAYCARE HOME CARE INC	593582520	03		No					6613930
(E) TRUSTEES OF MEASE HOSPITAL INC	590855412	03	Yes						25012762
(F) JOHN KNOX VILLAGE OF TAMPA BAY INC	591377711	04		No					73073
(G) MORTON PLANT MEASE HEALTH SERVICES INC	592600684	03		No					3822263
(H) BAYCARE BEHAVIORAL HEALTH INC	591371752	03		No					1457576
(I) BEHAVIORAL HEALTH MANAGEMENT SERVICES INC	593279573	03		No					139398
(J) MORTON PLANT MEASE PRIMARY CARE INC	593140335	04		No					42682
(K) ST ANTHONY'S PROFESSIONAL BUILDINGS AND SERVICES INC	592018848	09		No					1079516
(L) WINTER HAVEN HOSPITAL INC	590724462	03		No					277139

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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, Part V, line 35c (Proxy Tax), then

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

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

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

	For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(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?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		500
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		505,443
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		5,127
i	Other activities?	Yes		187,660
j	Total Add lines 1c through 1i			698,730
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible 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

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Part II B 1i	Dues were paid to the Florida Hospital Association, Greater Brandon Chamber of Commerce, and the Florida Institute of Certified Public Accountants These associations use a portion of their respective dues to conduct lobbying activities

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BayCare Health System Inc

Employer identification number
59-2796965

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

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

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		35,778,269		35,778,269
b Buildings		26,638,431	173,566	26,464,865
c Leasehold improvements		12,617,160	9,730,215	2,886,945
d Equipment		262,110,435	200,378,542	61,731,893
e Other		29,429,162	89,593	29,339,569
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				156,201,541

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other See Additional Data Table		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	1,475,831,317	

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

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

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

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
CP Deferred Compensation Plan	87,358
Abandoned Property	323,049
DEFERRED COMPENSATION PLAN	13,162,798
Multi Year Lease Agreements	670,849
SERP Liability	16,513,922
FMV Swaps	28,588,163
DEPOSITS	1,500
DUE TO AFFILIATES	1,362,348,875
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,421,696,514

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

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

1	Total revenue, gains, and other support per audited financial statements			1	442,298,041
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 XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	442,298,041
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	33,080,498		
c	Add lines **4a** and **4b**			4c	33,080,498
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	475,378,539

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

1	Total expenses and losses per audited financial statements			1	11,687,315
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	11,687,315
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	211,200,576		
c	Add lines **4a** and **4b**			4c	211,200,576
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	222,887,891

Part XIII Supplemental Information

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

Return Reference	Explanation
Schedule D Supplemental Information	PART XI, LINE 4B REVENUE NETTED WITH EXPENSES $37,179,779 TAX REVENUE NOT ON BOOKS ($4,099,281) TOTAL $33,080,498 PART XII, LINE 4B REVENUES NETTED WITH EXPENSES $209,200,576 GRANTS IN NET ASSETS $ 2,000,000 TOTAL $211,200,576

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

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

(a) Description of security or cateory (including name of security)	**(b)**Book value	**(c)** Method of valuation Cost or end-of-year market value
(3)Other (A) DOVER STREET	4,644,693	F
(B) HARBORVEST FUND VII	15,864,138	F
(C) HARBORVEST FUND VIII	32,740,339	F
(D) HARBORVEST FUND IX	4,768,982	F
(E) MREP	5,103,021	F
(F) PARK STREET	5,215,516	F
(G) OAK TREE MANAGEMENT	118,399,685	F
(H) LSV EMERGING MARKETS	94,589,962	F
(I) MONDRIAN INTRNTL SMALL CAP	99,851,306	F
(J) MONDRIAN INTERNATIONAL	103,681,881	F
(K) BLACKSTONE	144,738,721	F
(L) CLARION LION	54,591,924	F
(M) SCHRODER	25,018,839	F
(N) HARVEST	53,112,389	F
(O) FRANKLIN TEMPLETON	121,050,118	F
(P) NTGI SP 500 FD	266,526,171	F
(Q) NTGI AGG BD FD	325,933,632	F

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

1 **(a)** Description of Liability	**(b)** Book Value
CP Deferred Compensation Plan	87,358
Abandoned Property	323,049
DEFERRED COMPENSATION PLAN	13,162,798
Multi Year Lease Agreements	670,849
SERP Liability	16,513,922
FMV Swaps	28,588,163
DEPOSITS	1,500
DUE TO AFFILIATES	1,362,348,875

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BayCare Health System Inc

Employer identification number
59-2796965

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total					437,970,000
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					437,970,000

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

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

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☑ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*	☐ Yes	☑ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part 1, Question 3	THE FIRST LISTED AMOUNT UNDER PROGRAM SERVICES ($20,639,000) REPRESENTS THE NET ASSETS HEL D BY THE CAPTIVE, THE SECOND LISTED AMOUNT UNDER PROGRAM SERVICES ($8,000,000) REPRESENTS ACTUAL EXPENSES PAID TO THE CAPTIVE. THE INVESTMENTS ARE REPORTED AT YEAR END MARKET VALUE S, AND EXPENSES ARE REPORTED AT WHAT WAS ACTUALLY PAID. THE FIRST LISTED AMOUNT UNDER EURO PE ($93,662,000) REPRESENTS THE MARKET VALUE OF INVESTMENTS, THE SECOND LISTED AMOUNT UNDE R EUROPE ($474,000) REPRESENTS INVESTMENT RELATED EXPENSE PAID

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part IV, Lines 4 and 5	BAYCARE WAS A SHAREHOLDER OF A PASSIVE FOREIGN INVESTMENT COMPANY BAYCARE ALSO HAD AN OWN ERSHIP INTEREST IN A FOREIGN PARTNERSHIP DURING THE TAX YEAR PER THE INSTRUCTIONS FOR FOR MS 8621 AND 8865, BAYCARE DID NOT MEET THE FILING THRESHOLD FOR EITHER FORM

Additional Data

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

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America and the Caribbean			Program Services	Insurance	20,639,000
Central America and the Caribbean			Program Services	Insurance	8,000,000
Central America and the Caribbean			Investments		268,845,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
East Asia and the Pacific			Investments		34,851,000
Europe (Including Iceland and Greenland)			Investments		93,662,000
Europe (Including Iceland and Greenland)			Investments		474,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Middle East and North Africa			Investments		860,000
North America			Investments		1,818,000
Russia and the Newly Independent States			Investments		3,405,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
South America			Investments		4,220,000
South Asia			Investments		1,196,000

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BayCare Health System Inc

Employer identification number
59-2796965

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated 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) American Heart Association 11207 Blue Heron Blvd North Saint Petersburg, FL 33716	13-5613797	501(c)(3)	140,000				Heart walk and Heart Ball donation
(2) Catholic Health East 3805 W Chester Pk Ste 100 NWTN SQ, PA 19073	23-2929748	501(c)(3)	2,000,000				Net Asset Transfer
(3) Bless The Children 411 Cleveland St 195 Clearwater, FL 33755	54-1650281	501(c)(3)		890,244	Estimation	Medical Supplies	Support Medical Mission to Haiti
(4) Global Health Ministry 3805 W Chester Pike Ste100 NWTN Sq, PA 19073	23-3068656	501(c)(3)	30,000				Annual support for Global Health Minsitry medical mission teams to Jamaica, Guatemala, Peru and Haiti
(5) Winter Haven Hospital Foundation Inc 200 Avenue F NE Winter Haven, FL 33881	03-0406130	501(c)(3)	10,000				Foundation Gala
(6) Franciscan Sisters of Allegany NY Inc 115 East Main Street Allegany, NY 14706	16-0822517	501(c)(3)	1,500,000				
(7) Diocese of St Petersburg Inc 6363 Ninth Ave North St Petersburg, FL 33710	45-3460890	501(c)(3)	250,000				Forward in Faith Campaign

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 7

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. Part III can be duplicated if additional space is needed.

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

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

Return Reference	Explanation
Schedule I, Part 1, Line 2	Description of Organization's Procedures for Monitoring the Use of Grants BayCare Health System, Inc contributes to organizations that are in alignment with our mission We strive to ensure that contributions are made to organizations that improve the health and well-being of the communities we serve Typically, members of management are involved with these organizations and monitor the benefits our local community receives from these contributions

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BayCare Health System Inc

Employer identification number
59-2796965

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed 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**		No
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 Regulations 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 duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Supplemental Compensation Information	Part I, Line 4b Denton Crockett, Jr - Participated in a supplemental nonqualified deferred compensation plan He had $79,164 in benefits vest in 2013 This amount is included in Part II (B)(iii) Other compensation The plan made a cash distribution of $33,209 in 2013 Bruce Flareau - Participated in a supplemental nonqualified deferred compensation plan He had $86,167 in benefits vest in 2013 This amount is included in Part II (B)(iii) Other compensation He had $53,303 of nonvested benefits accrue during 2013 This amount is included in Part II (C) Retirement and other deferred compensation The plan made a cash distribution of $20,410 in 2013 Tommy Inzina - Participated in a supplemental nonqualified deferred compensation plan He had $308,030 in benefits vest in 2013 This amount is included in Part II (B)(iii) Other compensation The plan made a cash distribution of $129,219 in 2013 Christopher Jenkins - Participated in a supplemental nonqualified deferred compensation plan He had $35,443 of nonvested benefits accrue during 2013 This amount is included in Part II (C) Retirement and other deferred compensation Cynthia Jones - Participated in a supplemental nonqualified deferred compensation plan She had $21,261 of nonvested benefits accrue during 2013 This amount is included in Part II (C) Retirement and other deferred compensation Stephen Mason - Participated in a supplemental nonqualified deferred compensation plan He had $523,147 in benefits vest in 2013 This amount is included in Part II (B)(iii) Other compensation The plan made a cash distribution of $219,460 in 2013 Stewart Schaffer - Participated in a supplemental nonqualified deferred compensation plan He became 100% vested in his benefits in 2013 He had $50,343 in benefits vest in 2013 This amount is included in Part II (B)(iii) Other compensation The plan made a cash distribution of $79,795 in 2013 Tim Thompson - Participated in a supplemental nonqualified deferred compensation plan He had $73,279 of nonvested benefits accrue during 2013 This amount is included in Part II (C) Retirement and other deferred compensation

Additional Data

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
Stephen Mason Trustee/Pres/CEO Baycare Hlth	(I) (II)	1,125,242 0	639,238 0	608,674 0	38,419 0	26,699 0	2,438,272 0	0 0
Tommy Inzina CAO/CFO/COO	(I) (II)	780,538 0	331,521 0	327,350 0	51,222 0	29,115 0	1,519,746 0	0 0
Tim Thompson SVP, Information Svcs - CI	(I) (II)	384,157 0	142,043 0	10,866 0	92,223 0	23,361 0	652,650 0	0 0
Christopher Jenkins VP, Infrastructure/CTO	(I) (II)	194,896 0	62,822 0	10,996 0	51,017 0	11,390 0	331,121 0	0 0
Cynthia Jones VP, Applications	(I) (II)	253,593 0	54,008 0	8,611 0	31,490 0	15,522 0	363,224 0	0 0
Gwendolyn Mackenzie Pres/EVP, Sarasota Memorial	(I) (II)	743,654 0	222,188 0	16,938 0	8,556 0	21,183 0	1,012,519 0	0 0
Bruce Flareau Pres, Baycare Phys Partners	(I) (II)	510,924 0	212,448 0	62,985 0	88,222 0	32,470 0	907,049 0	0 0
Denton Crockett Jr SVP, Ambulatory Services	(I) (II)	451,562 0	165,162 0	95,848 0	101,693 0	24,409 0	838,674 0	0 0
Stewart Schaffer VP, Marketing & Communications	(I) (II)	296,611 0	93,309 0	203,216 0	12,759 0	17,561 0	623,456 0	132,002 0
David Verinder Jr COO, Sarasota Memorial	(I) (II)	417,352 0	130,305 0	7,214 0	9,243 0	24,728 0	588,842 0	0 0
William Zipprer Former Dir Technology Svcs	(I) (II)	164,146 0	21,408 0	831 0	9,126 0	26,992 0	222,503 0	0 0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BayCare Health System Inc

Employer identification number
59-2796965

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	PINELLAS COUNTY HEALTH FACILITIES AUTHORITY FL	59-2384219	72316MEY1	04-09-2009	200,000,000	SERIES 2009A REFUND BONDS		X		X		X
B	PINELLAS COUNTY HEALTH FACILITIES AUTHORITY FL	59-2384219	72316MDV8	11-18-2003	84,263,694	SERIES 2003A-1 REFUND BONDS		X		X		X
C	PINELLAS COUNTY HEALTH FACILITIES AUTHORITY FL	59-2384219	72316MEG0	11-18-2003	35,950,000	SERIES 2003A-2 REFUND BONDS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	67,625,000	0	
2	Amount of bonds legally defeased	0	0	0	
3	Total proceeds of issue	200,000,000	84,264,127	35,950,195	
4	Gross proceeds in reserve funds	0	0	0	
5	Capitalized interest from proceeds	0	0	0	
6	Proceeds in refunding escrows	0	0	0	
7	Issuance costs from proceeds	1,755,850	756,451	334,150	
8	Credit enhancement from proceeds	375,000	1,482,000	976,000	
9	Working capital expenditures from proceeds	0	0	0	
10	Capital expenditures from proceeds	0	0	0	
11	Other spent proceeds	197,869,150	82,025,677	34,640,045	
12	Other unspent proceeds	0	0	0	
13	Year of substantial completion	2010	1996	1996	
		Yes / No	Yes / No	Yes / No	Yes / No
14	Were the bonds issued as part of a current refunding issue?	X /	X /	X /	/
15	Were the bonds issued as part of an advance refunding issue?	/ X	/ X	/ X	/
16	Has the final allocation of proceeds been made?	/	/	/	/
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	/	/	/	/

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?	X							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %		0 %		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X						
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?	X		X		X			
c	No rebate due?	X		X		X			
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X	X			
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		
b	Name of provider	GOLDMAN SACKS BANK		0		0			
c	Term of hedge		27 6						
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider	0		0		0			
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Part VI, Supplemental Information	Schedule K - Part I (f) - DESCRIPTION OF PURPOSE SERIES 2012AB PRINCIPAL PURPOSE OF REFUNDING ALL OF THE OUTSTANDING PINELLAS COUNTY HEALTH FACILITIES AUTHORITY HEALTH SYSTEM REVENUE BONDS, BAYCARE HEALTH SYSTEM ISSUE, SERIES 2000 BONDS, ISSUED FEBRUARY 1, 2001 AND REFUNDING ALL OF THE OUTSTANDING PINELLAS COUNTY HEALTH FACILITIES AUTHORITY HEALTH SYSTEM REVENUE BONDS, BAYCARE HEALTH SYSTEM ISSUE, SERIES 2006B, ISSUED APRIL 26, 2006 THERE WAS ALSO APPROX $24M NEW MONEY WHOSE PRINCIPAL PURPOSE IS FOR CAPITAL EXPENDITURES RELATING TO BUILDINGS AND STRUCTURES SERIES 2012CDE PRINCIPAL PURPOSE IS FOR CAPITAL EXPENDITURES RELATING TO BUILDINGS AND STRUCTURES SERIES 2010 PRINCIPAL PURPOSE OF CURRENTLY REFUNDING ALL CALLABLE SERIES OF THE OUTSTANDING CITY OF TAMPA, FL HEALTH SYSTEM REVENUE BONDS, CATHOLIC HEALTH EAST ISSUE SERIES 1998A-1 ISSUED JANUARY 1, 1998 SERIES 2009A PRINCIPAL PURPOSE OF CURRENTLY REFUNDING ALL OF THE OUTSTANDING PINELLAS COUNTY HEALTH FACILITIES AUTHORITY HEALTH SYSTEM REVENUE BONDS, BAYCARE HEALTH SYSTEM ISSUE, SERIES 2006A ISSUED APRIL 26, 2006 SERIES 2003A-1 PRINCIPAL PURPOSE OF CURRENTLY REFUNDING ALL OF THE OUTSTANDING (I) CITY OF DUNEDIN HOSPITAL REVENUE REFUNDING BONDS, SERIES 1993 (MEASE HEALTH CARE) ISSUED 04/07/1993 AND (II) PINELLAS COUNTY HEALTH FACILITIES AUTHORITY HOSPITAL REVENUE BONDS, SERIES 1993 (MORTON PLANT HEALTH SYSTEM PROJECT) ISSUED 08/24/1993 SERIES 2003A-2 PRINCIPAL PURPOSE OF CURRENTLY REFUNDING ALL OF THE OUTSTANDING (I) CITY OF DUNEDIN HOSPITAL REVENUE REFUNDING BONDS, SERIES 1993 (MEASE HEALTH CARE) ISSUED 04/07/1993 AND (II) PINELLAS COUNTY HEALTH FACILITIES AUTHORITY HOSPITAL REVENUE BONDS, SERIES 1993 (MORTON PLANT HEALTH SYSTEM PROJECT) ISSUED 08/24/1993 EACH OF THE FOLLOWING ENTITIES WITHIN THE BAYCARE HEALTH SYSTEM BENEFITED FROM ONE OR MORE OF THE LISTED BOND ISSUES BAYCARE HEALTH SYSTEM, INC MORTON PLANT HOSPITAL ASSOCIATION, INC MORTON PLANT MEASE HEALTH CARE, INC SOUTH FLORIDA BAPTIST HOSPITAL, INC ST ANTHONY'S HOSPITAL, INC ST JOSEPH'S HOSPITAL, INC ST JOSEPH'S HEALTH CARE CENTER, INC TRUSTEES OF MEASE HOSPITAL, INC Schedule K, Part II, Line 3 TOTAL PROCEEDS REPORTED PROCEEDS OF THE ISSUES INCLUDE INVESTMENT EARNINGS AS FOLLOWS SERIES 2012CDE $60,078 SERIES 2010 $6 SERIES 2003A-1 $433 2003A-2 $195 Schedule K, Part II, Line 11, COLUMN (B) OTHER SPENT PROCEEDS SERIES 2009A INCLUDED A PAYMENT TO TERMINATE SWAPS ASSOCIATED WITH THE REFUNDED ISSUE 2006A Schedule K, Part II, Line 17 FINAL ALLOCATION THE ORGANIZATION DOES MAINTAIN ADEQUATE BOOKS AND RECORDS TO SUPPORT THE ALLOCATION OF PROCEEDS, HOWEVER A FINAL ALLOCATION IS NOT REQUIRED FOR REFUNDING ISSUES (SERIES 2010, 2009A, 2003A-1, AND 2003A-2) Schedule K, Part III, Line 3A and 3C PBU PROPERTY BAYCARE, WITH ASSISTANCE OF LEGAL COUNSEL, CONTINUES TO MONITOR AND REVIEW ALL MANAGMENT CONTRACTS, OPERATING AGREEMENTS, AND RESEARCH AGREEMENTS FOR COMPLIANCE WITH THE SAFE HARBOR PROVISIONS OF REV PROC 97-13 Schedule K, Part III, Lines 4-6 PBU PERCENTAGES THE ORGANIZATION HAS USED A COMBINATION OF BOND FUNDS AND EQUITY TO CONSTRUCT, EXPAND, AND/OR RENOVATE HOSPITAL FACILITIES CONSISTENT WITH THE INSTRUCTIONS, THE COSTS RELATED TO ISSUANCE AND CREDIT ENHANCEMENTS ARE NOT CONSIDERED IN THESE CALCULATIONS Schedule K, Part IV, Line 2C REBATE COMPUTATION SERIES 2003A-1 AND 2003A-2 REBATE WAS COMPUTED BY BOND COUNSEL IN 2009 SERIES 2009A WAS COMPUTED BY BOND COUNSEL IN 2010 SERIES 2010 WAS COMPUTED BY BOND COUNSEL IN 2012

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BayCare Health System Inc

Employer identification number
59-2796965

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CITY OF TAMPA FL	59-1101138	87515EBB9	05-03-2012	277,512,591	SERIES 2012AB REFUND BONDS/NEW PR		X		X		X
B	CITY OF TAMPA FL	59-1101138	123456789	05-24-2012	177,215,000	SERIES 2012CDE NEW PROJECTS		X		X		X
C	CITY OF TAMPA FL	59-1101138	87515EAV6	05-20-2010	210,212,673	SERIES 2010 REFUND BONDS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	0	26,285,000	
2	Amount of bonds legally defeased	0	0	0	
3	Total proceeds of issue	277,512,591	177,275,078	210,212,680	
4	Gross proceeds in reserve funds	0	0	0	
5	Capitalized interest from proceeds	0	0	0	
6	Proceeds in refunding escrows	0	0	0	
7	Issuance costs from proceeds	1,924,576	417,938	2,195,048	
8	Credit enhancement from proceeds	0	0	0	
9	Working capital expenditures from proceeds	0	0	0	
10	Capital expenditures from proceeds	23,953,005	176,857,139	0	
11	Other spent proceeds	251,635,010	0	208,017,632	
12	Other unspent proceeds	0	0	0	
13	Year of substantial completion	1998		1998	

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X				
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?	X		X		X			
c	No rebate due?	X				X			
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X			X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		
b	Name of provider	MORGAN STANLEY CAPIT		0		0			
c	Term of hedge		25 6						
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider	0		0		0			
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BayCare Health System Inc

Employer identification number
59-2796965

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

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Florida Hospital Association	See Part V	582,216	Dues and Special Assessment		No

Part V Supplemental Information

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

Return Reference	Explanation
Schedule L Part V	Stephen Mason is a board member of the filing organization as well as a director of Florida Hospital Association

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SCHEDULE N (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BayCare Health System Inc

Employer identification number
59-2796965

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity

			Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization			
a	Become a director or trustee of a successor or transferee organization?	2a		
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b		
c	Become a direct or indirect owner of a successor or transferee organization?	2c		
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2d		
e	If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ▶			

Part I Liquidation, Termination, or Dissolution *(continued)*

			Yes	No
	Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-			
3	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	3		
4a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	4a		
b	If "Yes," did the organization provide such notice?	4b		
5	Did the organization discharge or pay all of its liabilities in accordance with state laws?	5		
6a	Did the organization have any tax-exempt bonds outstanding during the year?	6a		
b	Did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?	6b		
c	If "Yes" to line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities If "No," explain in Part III			

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
JOA member net asset transfers	12-31-2013	92,371,000	FMV	59-2374556	Morton Plant Mease Health Care 300 Pinellas ST Clearwater, FL 33756	501(c)(3)
JOA member net asset transfers	12-31-2013	-2,471,000	FMV	59-0594631	South Florida BAptist HospitalINC 301 N Alexander St Plant City, FL 33566	501(C)(3)
JOA member net asset transfers	12-31-2013	140,179,000	FMV	59-2593686	ST Joseph's Health Care Center In 3003 W Dr MLK Jr BLVD Tampa, FL 33607	501(C)(3)

			Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization			
a	Become a director or trustee of a successor or transferee organization?	2a		No
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b		No
c	Become a direct or indirect owner of a successor or transferee organization?	2c		No
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	2d		No
e	If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ▶			

Part III **Supplemental Information.** Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BayCare Health System Inc

Employer identification number
59-2796965

Return Reference	Explanation
Part III & Part VI	Part III, Program Services BayCare Health System, Inc ("BayCare") is the administrator of a regional healthcare system encompassing hospitals and other health care facilities listed on Schedule R of this Form 990 As its mission, BayCare has adopted the following goals in administering the regional healthcare system A To reduce unnecessary duplication of services, technology, facilities and other capital expenditures by coordinating the delivery of health care services on a cost-effective basis, B To establish a community-focused comprehensive delivery system to respond to the changing health care environment and to meet future health care needs of the population served, C To expand access to health care to those individuals in underserved areas or who are otherwise unable to obtain adequate health care due to an inability to pay and to participate in activities designed to promote the health of such individuals, D To reduce the cost of delivering health care services while enhancing the general quality of and access to health care furnished, E To provide broad access to quality health care at the least possible cost, F To construct, own, acquire, lease, manage, operate, provide and maintain hospitals, other health care facilities, nursing homes, congregate living facilities, clinics, infirmaries and other establishments and programs providing health care, surgery, treatment and services to all areas of the community, the sick, the aged, the disabled and infirm, G To provide counseling, patient education, self care and home health care services for the sick, aged, disabled and infirm, H To carry on any educational activities related to rendering care to the sick, injured and aged, or to the promotion of health, that in the opinion of the Board of Trustees may be justified by the facilities, personnel, funds and other requirements that are, or can be, made available, I To promote and carry on scientific research related to the care of the sick and injured, J To participate in joint or coordinated planning, service, development, and management operations and endeavors, experimental or otherwise, with other health care providers in order to lower costs and increase quality and accessibility of necessary health care services, and to engage in other operations, services or functions in health care and health care planning, K To enter into arrangements with managed care organizations and other third party payors on behalf of members of the regional healthcare system to ensure the provision of high quality, cost-effective health care services to patients, L To enable the members of the regional healthcare system to compete more effectively, M To provide a means by which physicians may participate together with the members of the regional healthcare system in a lawful integrated delivery network providing broad geographic coverage of physicians, hospitals and other health care services that benefit the community as well as third-party payors, N To construct, own, acquire, lease, manage, operate, provide and maintain any facilities, programs, goods and services (management or otherwise), and related activities, in furtherance of health care or health education, either directly or indirectly, O To solicit, receive and manage state, federal, local and private grants, gifts, donations, devises and bequests, and to provide grants, loans, scholarships and donations, in furtherance of the aforementioned charitable projects and purposes, and to advance the quality and availability of health care services, AND P To promote, support and enhance the mission, identity and purposes of each member of the regional healthcare system while accomplishing the foregoing purposes Part VI, Line 2 - Description of Business Relationship Stephen Mason and Tommy Inzina are officers 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 Classes of Members or Stockholders The Corporate Members of the organization are Morton Plant Mease Health Care, Inc , Catholic Health East, and South Florida Baptist Hospital, Inc Part VI, Line 7a - Description of Classes of Persons and the Nature of Their Rights The Board of Trustees is appointed by the Corporate Members as follows Morton Plant Mease Health Care, Inc appoints nine members, Catholic Health East appoints nine members, and South Florida Baptist Hospital, Inc appoints two members Each Corporate Member shall be entitled to one vote on any matter submitted to the Corporate Members for approval The CEO serves ex-officio with vote

Return Reference	Explanation	
	Part VI	Part VI, Line 7b - Descr Classes of Persons, Decisions Requiring Appr & Type of Voting Rig hts There are reserved pow ers for the Corporate Members included in the Bylaw s See attach ed excerpt from Bylaw s Section 2 Corporate Member Reserved Rights The business and affa irs of the Corporation shall be managed by or under the direction of the Board of Trustees of the Corporation except as follow s A Corporate Member Reserved Rights Relative to the Corporation The Corporate Members shall have the right to approve the actions of the Boa rd of Trustees of the Corporation w ith regard to the follow ing 1 Fundamental change in t he philosophy, mission statement or purposes of the Corporation 2 Changes in the Article s of Incorporation of the Corporation or in these Amended and Restated Bylaw s 3 Approval of amendments to the Joint Operating Agreement (JOA) pursuant to and in accordance w ith t he terms and conditions of the JOA 4 Approval of the merger, consolidation, dissolution, sale or other transfer of substantially all assets of the Corporation, or other change in corporate form, causing a fundamental reorganization 5 Approval of additional Corporate Members of the Corporation (and any corresponding changes in the Percentage Interests of the Corporate Members pursuant to and in accordance w ith the JOA) 6 Approval of the esta blishment of a common obligated group to consolidate the Indebtedness of the Participants B Corporate Member Reserved Rights Relative to Respective Participants Each Corporate M ember (or, in the case of South Florida, its corporate Members) w ill have the right to app rove the actions of the Board of Trustees of the Corporation w ith respect to the follow ing matters, as applicable 1 With respect to a Corporate Member's Hospital Participant(s) (a) Approval of the closure of a hospital facility of a Hospital Participant (b) Change i n the name of the hospital facility of the Hospital Participant (c) Approval of substanti ve changes in the Articles of Incorporation and Bylaws of the Hospital Participant (provid ed that prior notice of any change in the Articles of Incorporation or Bylaws of a CHE Ent ity shall be provided to CHE and, if such change, as a result of CHE being a Catholic enti ty, must be approved by the Corporate members of CHE, such change, regardless of w hether i t is substantive as a matter of civil law, shall be subject to the approval of CHE) 2 Wi th respect to all CHE Entities (a) Approval by CHE of any sale, long term lease, mortgage , encumbrance, or disposition of property of any of the CHE Entities constituting an "alie nation" under principles of canon law (b) Approval by CHE of matters relating to the impl ementation of and compliance w ith the Ethical and Religious Directives for Catholic Health Care Services, as the same may be revised from time to time, subject to and in accordance w ith the JOA (c) Approval of substantive changes in the Articles of Incorporation and By laws of the Participant (provided that prior notice of any change in the Articles of Incor poration or Bylaws of a CHE Entity shall be provided to CHE and, if such change, as a resu lt of CHE being a Catholic entity, must be approved by the corporate members of CHE, such change, regardless of w hether it is substantive as a matter of civil law, shall be subject to the approval of CHE) 3 With respect of all Participants (a) Approval of the philoso phy, mission statement and purposes of the participant, provided that such philosophy, mis sion statement and purposes shall at all times be consistent w ith the philosophy, mission statement and purposes of the Corporation and the operations of the JOA (b) Approval of t he merger, consolidation, dissolution, sale or other transfer of substantially all assets of the Participant, or other change in corporate form, causing a fundamental reorganizatio n of the Participant The approvals set forth in this subparagraph (b) shall not be deemed in any w ay to diminish the rights of the Corporation w ith regard to the governance and ma nagement of the Non-Hospital Participants as described in the JOA (c) Subject to Article 111, Section 2 8 2 (a), w ith regard to any assets of a Participant no longer required in t he operation of the JOA, approval of any sale or other disposition of any assets not in th e ordinary course w hich have a value in excess of $5 million, and w ith regard to all other assets of a Participant used in the operation of the JOA, approval of any sale or other d isposition of such assets not in the ordinary course (but the foregoing is not intended to limit any transfer of the location of the assets from one Participant to another in conne ction w ith a reconfiguration of services duly authorized hereunder, including under Articl e IV, Section 2 (iv) below , if required) Part VI, Line 11b - Describe the Process used by Management &/or Governing Body to Review 990 The Form 990 is prepared by the organization and reviewed by the CFO, as w ell as the organizat

Return Reference	Explanation	
	Part VI	ion's paid preparer A final copy of the Form 990 was reviewed by the Finance Committee Prior to filing with the IRS, a final copy of the Form 990 was made available to the entire Board via a web portal Part VI, Line 12c - Description of Process to Monitor Transaction s for Conflicts of Interest BayCare Health System, Inc has two separate conflict of inter est procedures, one that relates to Board members and another that relates to non-board me mber 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 Bo ard members, the review of conflicts or potential conflicts occurs at the Board or committ ee level After disclosure of the Board Member's or Committee Member's actual or potential conflict, the follow ing procedures for addressing the conflict of interest w ill be adhere d to by each Board and all Committees w ith Board delegated pow ers, w ithout exception 1 T he interested Director or Committee member shall leave the Board or Committee meeting w hil e the conflict of interest issue is discussed 2 The remaining Board or Committee Members shall decide if a conflict of interest exists 3 If a conflict of interest is deemed to exist a The Chairperson of the Board or Committee shall, if appropriate, appoint a disin terested 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 adva ntageous transaction or arrangement w ith reasonable efforts from an individual or entity t hat w ould not give rise to a conflict of interest c If a more advantageous transaction o r 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 t ransaction is fair and reasonable to BayCare An interested Director or Committee Member s hall not vote, participate in, influence or attempt to influence any determination or proc eedings The Director or Committee Member may, how ever, respond to questions posed by the Board or Committee regarding the contract or transaction Any such contract or transaction must be authorized by a vote of at least tw o-thirds (2/3) of the Directors or Committee M embers entitled to vote at a meeting at w hich a quorum w as present Any interested Directo r or Committee Member may not be counted in determining the existence of a quorum For emp loyees, the review of conflicts of interest or potential conflicts goes to the Conflict of Interest Determination Committee This committee consists of BayCare Chief Compliance Off icer, the Corporate Responsibility Officers, and the BayCare Vice President of Team Resour ces This committee shall determine if an actual conflict exists and any action required t o address the conflict of interest situation

Return Reference	Explanation
Part VI	Part VI, Lines 15a & 15b - Process used for Compensation Review and Approval The organization uses an independent compensation committee, appointed by the Board of Directors The Compensation Committee's purpose is to provide oversight for the organization's executive compensation program, review and approve compensation and benefits for all "disqualified persons" subject to the Intermediate Sanctions regulations issued under Section 4958 of the Internal Revenue Code (including the Chief Executive Officer, Chief Operating Officer & Chief Financial Officer, other system and entity executives, and other disqualified persons as defined in the Intermediate Sanctions regulations (i e , voting members of the governing body, family members, former officers)), and establish the compensation philosophy for all other executives This committee engages nationally recognized compensation consultants to assist them in review of executive compensation The compensation consultants provide a review of each vice president and above in the system to determine if that employee's compensation is reasonable when compared against market standards The data reviewed comes from compensation studies that include comparable compensation for similarly qualified persons in functionally comparable positions at similarly situated organizations The organization keeps contemporaneous minutes of the compensation committees meetings and decisions External consultants review compensation every other year, the last review occurring in 2013, but the compensation committee regularly monitors compensation and all other procedures are followed annually Part VI, Line 16b - Procedure to evaluate Joint Venture Arrangements The organization has a joint venture committee of subject matter experts who review potential arrangements with taxable joint ventures Included in its review are a review for compliance with relevant tax laws and a review of whether the joint venture furthers the organization's exempt purpose Part VI, Line 19 - How and If the Governing Documents, Conflict of Interest Policy and Financial Statements are Made Available to the Public The organization's financial statements are available through EMMA for bond investors Governing documents and policies are not available for public inspection

Return Reference	Explanation
Part X, Lines 11 and 12 - Investments	During 2013 investments held on the books of the BayCare hospitals were transferred to BayCare Health System, Inc and are shown on BayCare Health System, Inc 's books as Due to Affiliates This created an increase in Investements and Due to Affiliates

Return Reference	Explanation
PART XI, LINE 9	PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS NET ASSETS TRANSFERRED PER JOA AGREEMENT ($230,079,000) CAPITAL DISTRIBUTION $41,432 CONTRIBUTED CAPITAL $8,099,778 ROUNDING $2 TOTAL ($221,937,788)

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
BayCare Health System Inc

Employer identification number
59-2796965

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
See Additional Data Table					

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 entity? Yes	(g) No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) BC Purchas PT LLC 8731 Fl Mining Tampa, FL 33634 64-0950837	Group purch	FL	BayCare	related	544,565	556,076		No	29,026		No	13 140 %
(2) BC Employ Health CL 8452 118th Ave Largo, FL 33773 46-1533183	Health Services	FL	NA	N/A	0	0		No	0		No	0 %
(3) BC Surgery Ctr LLC 8452 118th A N Largo, FL 33773 46-0591430	Surgery Centers	FL	NA	N/A	0	0		No	0		No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) Bay Vista Claims Service Inc 2985 Drew St Clearwater, FL 33759 74-3168200	claims admin	FL	BayCare	C corp	0	499,017	100 000 %	Yes	
(2) BCHS Insurance Inc 720 W Bay Rd Buckng Sqr Grand Cayman KY1-1102 CJ 000000000	Insur Captive	CJ	BayCare	C corp	224,691	197,239,310	100 000 %	Yes	
(3) Medspecialists Inc 2985 Drew St Clearwater, FL 33759 68-0587533	Payroll Srvcs	FL	BayCare	C CORP	0	0	100 000 %	Yes	

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

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) BayCare Ambulatory Services LLC 8452 118th Ave North Largo, FL 33773 33-1205788	health srvcs	FL	353,530	5,948,518	BayCare
(1) BayCare Integrated Service Center LLC 8731 Florida Mining Blvd Tampa, FL 33634 45-3559404	procure/distr	FL	4,064,772	13,023,617	BayCare
(2) BayCare Properties LLC 8452 118th Ave North Largo, FL 33773 26-3201926	Real estate	FL		224,178	BayCare
(3) Baycare Laboratories LLC 8452 118th Avenue North Largo, FL 33773 27-4598855	HEALTH SRVCS	FL		687,846	BayCare
(4) BayCare Physician Partners LLC 2985 Drew St Clearwater, FL 33759 45-2908908	CIN	FL	1,759,743	270,558	BayCare
(5) BayCare Health Solutions LLC 2985 Drew St Clearwater, FL 33759 46-1358555	Inactive	FL			BayCare
(6) Bardmoor Surgery Center LLC 8787 Bryan Dairy Rd Largo, FL 33777 20-4385452	Health Srvcs	FL	3,278,773	727,495	BayCare
(7) BayCare Medical Services LLC 2985 Drew St Clearwater, FL 33759 46-2282247	Health Srvcs	FL			BayCare
(8) Mid-Florida Physician Services LLC 200 Ave F Northeast Winter Haven, FL 33881 61-1558557	Health Srvcs	FL			Baycare
(9) Mid-Florida Interv Cardiology Physician 200 Ave F Northeast Winter Haven, FL 33881 80-0641119	Health Srvcs	FL	145,528	210,383	MF Phys
(10) Mid-Florida Oncology Physician Services 200 Ave F Northeast Winter Haven, FL 33881 61-1558556	Health Srvcs	FL	97,723	49,108	MF Phys
(11) Mid-Florida Urology Physician Services 199 Ave B Northwest Winter Haven, FL 33881 61-1558558	Health Srvcs	FL	412,712	518,018	MF Phys

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BayCare Behavioral Health Inc 7809 Massachusetts Ave New Port Richey, FL 34653 59-1371752	health srvcs	FL	501(C)(3)	7	BayCare	Yes	
(1) South Florida Baptist Hospital Inc 301 N Alexander Street Plant City, FL 33563 59-0594631	health srvcs	FL	501(C)(3)	3	na		No
(2) St Anthony's Hospital Inc 1200 Seventh Ave North St Petersburg, FL 33705 59-2043026	health srvcs	FL	501(C)(3)	3	na		No
(3) St Joseph's Hospital Inc 3001 W Dr Martin Luther King Jr B Tampa, FL 33607 59-0774199	health srvcs	FL	501(C)(3)	3	na		No
(4) BayCare Emergency Assist Program Inc 2985 Drew St Clearwater, FL 33759 59-2697770	emerg assist	FL	501(C)(3)	9	BayCare	Yes	
(5) Trustees of Mease Hospital Inc 601 Main Street Dunedin, FL 34698 59-0855412	health srvcs	FL	501(C)(3)	3	MPMHC		No
(6) BayCare Home Care Inc 8452 118th Ave North Largo, FL 33773 59-3582520	home hlth srv	FL	501(C)(3)	9	BayCare	Yes	
(7) Behavioral Health Management Srvcs Inc 900 Carillon Pkwy Suite 406 St Petersburg, FL 33716 59-3279573	health srvcs	FL	501(C)(3)	9	BCBH	Yes	
(8) John Knox Village of Tampa Bay Inc 4100 Fletcher Ave Tampa, FL 33613 58-1377711	retire cmmnty	FL	501(C)(3)	9	SJHCC		No
(9) Morton Plant Hospital Association Inc 300 Pinellas Street Clearwater, FL 33756 59-0624462	health srvcs	FL	501(C)(3)	3	MPMHC		No
(10) Morton Plant Mease Health Services Inc 8452 118th Ave N Largo, FL 33773 59-2600684	health srvcs	FL	501(C)(3)	9	MPMHC		No
(11) 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		No
(12) Winter Haven Hospital Inc 200 Ave F Northeast Winter Haven, FL 33881 59-0724462	Health Srvcs	FL	501(C)(3)	3	BayCare	Yes	

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Bay Vista Claims	a (IV	72,141	FMV
BayCare Home Care Inc	c	8,099,778	FMV
BCHS Insurance Inc	c	81,087	FMV
Bay Vista Claims Services	d	259,534	FMV
BayCare Home Care Inc	l	7,269,225	FMV
BayCare Behavioral Health	l	1,488,978	FMV
Winter Haven Hospital Inc	l	333,333	FMV
Beh Hlth Mgmt Srvcs	l	140,843	FMV
BayCare Home Care Inc	o	298,111	FMV
Behavioral Health Management Services Inc	r	3,134,241	FMV
Winter Haven Hospital Inc	r	95,774,522	FMV
Baycare Behavioral Health	s	2,955,399	FMV
BayCare Home Care Inc	s	1,194,346	

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Form **4562**
Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2013

Attachment Sequence No **179**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
BayCare Health System Inc	GENERAL DEPRECIATION	59-2796965

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	$ 2,600,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	**(a)** Description of property	**(b)** Cost (business use only)	**(c)** Elected cost

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not include listed property.)** (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III **MACRS Depreciation (Do not include listed property.)** (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	32,849
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

	(a) Classification of property	**(b)** Month and year placed in service	**(c)** Basis for depreciation (business/investment use only—see instructions)	**(d)** Recovery period	**(e)** Convention	**(f)** Method	**(g)** Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27 5 yrs	MM	S/L	
				27 5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs		S/L	
c	40-year		40 yrs	MM	S/L	

Part IV **Summary** (see instructions.)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	32,849
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							**29**	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2013 tax year (see instructions)					
43 Amortization of costs that began before your 2013 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	24,722