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

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
BAYCARE HEALTH SYSTEM INC
% JOHN GANTNER EVP & CFO

Doing business as

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

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 $ 1,441,236,310

F Name and address of principal officer
JOHN GANTNER
2985 Drew Street Ste
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**	19
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	4,150
6	Total number of volunteers (estimate if necessary)	**6**	20
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-1,952,061
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-2,801,626

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,583,657	1,153,907
9	Program service revenue (Part VIII, line 2g)	298,973,390	356,139,459
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	146,506,216	123,928,014
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,913,984	18,613,023
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	463,977,247	499,834,403

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,827,609	287,685
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)	169,555,348	208,436,559
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)	127,978,199	161,956,043
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	300,361,156	370,680,287
19	Revenue less expenses Subtract line 18 from line 12	163,616,091	129,154,116

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,212,571,344	3,489,033,561
21	Total liabilities (Part X, line 26)	2,912,014,789	3,045,372,906
22	Net assets or fund balances Subtract line 21 from line 20	300,556,555	443,660,655

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2016-11-08

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
Melanie A McPeak	Melanie A McPeak			P01346034

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

Firm's address ▶ 201 N FRANKLIN ST STE 2400
TAMPA, FL 33602

Phone no (813) 225-4800

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 see schedule O) (Expenses $ 315,328,222 including grants of $ 287,685) (Revenue $ 376,699,227)

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 ▶** 315,328,222

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 domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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 "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, 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	668		
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	4,150		
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 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring 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	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its 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, address, and telephone number of the person who possesses the organization's books and records ▶ 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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (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			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								12,694,591	0	933,648

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 ▶ 263

			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 641412702	software maintenance	29,703,852
Creative Contractors, 620 Drew Street CLEARWATER, FL 34615	construction	4,801,245
Cerner Health Services, 51 Valley Stream Pkwy MALVERN, PA 19355	software maintenance	4,285,597
Siemens Medical Solutions USA, PO Box 120001 Dept 0733 DALLAS, TX 75312	software maintenance	1,762,356
Leidos Health Holdings Inc, 705 East Main Street WESTFIELD, IN 46074	IT consulting	3,151,236
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 ▶ 127		

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 0				
	d	Related organizations . . . 1d 72,654				
	e	Government grants (contributions) 1e 717,080				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 364,173				
	g	Noncash contributions included in lines 1a-1f $ 0				
	h	**Total.** Add lines 1a-1f . . . . . ▶	1,153,907			
Program Service Revenue		Business Code				
	2a	MANAGEMENT FEES 621999	337,554,306	337,554,306	0	0
	b	HOSPITAL PATIENT CARE 621999	4,891,648	4,891,648	0	0
	c	BILLING AND COLLECTION FE 561000	3,295,023	3,295,023	0	0
	d	PREMIER PURCHASING PARTNE 561000	3,798,395	3,769,880	28,515	0
	e	BCHS INSURANCE 561000	5,063,577	8,369,248	-3,305,671	0
	f	All other program service revenue	1,536,510	1,536,510		0
	g	**Total.** Add lines 2a-2f . . . . . ▶	356,139,459			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	63,177,838		70,207	63,107,631
	4	Income from investment of tax-exempt bond proceeds . . ▶	-70,504			-70,504
	5	Royalties . . . . . ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross rents 106,043 /				
	b	Less rental expenses /				
	c	Rental income or (loss) 106,043 / 0				
	d	Net rental income or (loss) . . . . . ▶	106,043		30,520	75,523
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 1,002,222,587 /				
	b	Less cost or other basis and sales expenses 941,368,373 / 33,534				
	c	Gain or (loss) 60,854,214 / -33,534				
	d	Net gain or (loss) . . . . . ▶	60,820,680			60,820,680
	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	11,148,003	11,148,003	0	0
	b	CIN REVENUE 561000	5,263,895	4,189,295	1,074,600	0
	c	BISC REVENUE 561000	212,522	212,522	0	0
	d	All other revenue	1,882,560	1,732,792	149,768	0
	e	**Total.** Add lines 11a-11d . . . . . ▶	18,506,980			
	12	**Total revenue.** See Instructions . . . . . ▶	499,834,403	376,699,227	-1,952,061	123,933,330

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	287,685	287,685		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	8,519,229	0	8,519,229	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2,656,685		2,656,685	0
7 Other salaries and wages	164,148,133	155,256,544	8,891,589	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,178,573	6,795,917	382,656	0
9 Other employee benefits	15,214,583	14,403,564	811,019	0
10 Payroll taxes	10,719,356	10,264,077	455,279	0
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	1,877,771	0	1,877,771	0
c Accounting	1,198,388	0	1,198,388	0
d Lobbying	747,636	747,636	0	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	7,234,591	0	7,234,591	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	15,470,636	14,278,334	1,192,302	
12 Advertising and promotion	9,011,133	9,009,870	1,263	0
13 Office expenses	16,634,365	0	16,634,365	0
14 Information technology	61,369,221	61,345,458	23,763	0
15 Royalties	0	0	0	0
16 Occupancy	10,068,627	8,817,976	1,250,651	0
17 Travel	2,247,101	0	2,247,101	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	0	0	0	0
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	31,803,769	31,756,012	47,757	0
23 Insurance	1,116,686	0	1,116,686	0
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 DUES AND LICENSES	1,244,359	982,145	262,214	0
b OTHER SERVICES	488,048	0	488,048	0
c MISCELLANEOUS SUPPLIES	451,840	448,412	3,428	0
d BAD DEBT EXPENSE	194,892	194,892	0	0
e All other expenses	796,980	739,700	57,280	
25 **Total functional expenses.** Add lines 1 through 24e	370,680,287	315,328,222	55,352,065	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)	0			

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		149,729,306	1	113,711,112
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		209,602	4	1,165,895
	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		19,862,976	7	17,699,940
	8	Inventories for sale or use		14,071,193	8	15,927,108
	9	Prepaid expenses and deferred charges		16,085,268	9	80,849,823
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 451,914,015			
	b	Less accumulated depreciation	10b 272,244,718	160,330,481	10c	179,669,297
	11	Investments—publicly traded securities		861,122,046	11	1,077,450,599
	12	Investments—other securities See Part IV, line 11		1,827,310,002	12	1,843,278,050
	13	Investments—program-related See Part IV, line 11		139,394,659	13	139,244,527
	14	Intangible assets		6,771,293	14	225,000
	15	Other assets See Part IV, line 11		17,684,518	15	19,812,210
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		3,212,571,344	16	3,489,033,561
Liabilities	17	Accounts payable and accrued expenses		241,677,920	17	319,816,910
	18	Grants payable		0	18	0
	19	Deferred revenue		2,431,915	19	1,010,810
	20	Tax-exempt bond liabilities		971,064,630	20	943,274,326
	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		0	23	66,108,363
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		1,696,840,324	25	1,715,162,497
	26	**Total liabilities.** Add lines 17 through 25		2,912,014,789	26	3,045,372,906
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		300,556,555	27	443,660,655
	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		300,556,555	33	443,660,655
	34	Total liabilities and net assets/fund balances		3,212,571,344	34	3,489,033,561

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	499,834,403
2	Total expenses (must equal Part IX, column (A), line 25)	2	370,680,287
3	Revenue less expenses Subtract line 2 from line 1	3	129,154,116
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	300,556,555
5	Net unrealized gains (losses) on investments	5	-154,117,764
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	168,067,748
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	443,660,655

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	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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/CEO BAYCARE	45 0 60	X		X				3,185,745	0	39,267
Ed Armstrong TRUSTEE	1 0 0 0	X						0	0	0
Worth Blackwell TRUSTEE	1 0 1 0	X						0	0	0
Alan Bomstein TRUSTEE	1 0 0 0	X						0	0	0
John Borreca TRUSTEE	1 0 1 0	X						0	0	0
James Cantonis TRUSTEE	1 0 4 0	X						0	0	0
Rick Colon TRUSTEE	1 0 4 0	X						0	0	0
Kurt Erickson TRUSTEE	1 0 3 0	X						0	0	0
Raymond Ferrara TRUSTEE/VICE CHAIR	1 0 3 0	X		X				0	0	0
Vic Krauze TRUSTEE	1 0 0 0	X						0	0	0

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			
Gay Lancaster TRUSTEE	1 0 3 0	X						0	0	0
Michael Mikurak TRUSTEE	1 0 1 0	X						0	0	0
Dewey Mitchell TRUSTEE	1 0 3 0	X						0	0	0
Eric Obeck TRUSTEE/SECRETARY/TREASURER	1 0 3 0	X		X				0	0	0
Bruce Rodwell TRUSTEE	1 0 4 0	X						0	0	0
Dale Schmidt TRUSTEE	1 0 0 0	X						0	0	0
Gladys Sharkey TRUSTEE	1 0 4 0	X						0	0	0
Steve Smith TRUSTEE	1 0 0 0	X						0	0	0
William Tapp TRUSTEE	1 0 0 0	X						0	0	0
Thomas Whiddon TRUSTEE/CHAIRMAN	1 0 3 0	X		X				0	0	0

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			
Michael Williamson TRUSTEE	1 0 0 0	X						0	0	
John Gantner CFO BAYCARE	45 0 1 0			X				905,741	0	111,70
Tommy Inzina PRESIDENT/COO BAYCARE	45 0 1 0			X				3,067,951	0	54,68
Tim Thompson SVP INFORMATION SVCS/CIO	45 0 0 0				X			584,817	0	118,51
Cynthia Jones VP APPLICATIONS	45 0 0 0				X			353,195	0	76,82
Glenn Waters PRES/EVP BAYCARE HOSP DIV	45 0 15 0					X		1,189,584	0	112,42
Lee Kirkman CMO BAYCARE MED GR	45 0 5 0					X		675,418	0	117,75
Denton Crockett SVP AMBULATORY SVCS	45 0 4 0					X		707,150	0	64,68
Bruce Flareau PRES/EVP PHYSICIAN SVCS BAYCAR	45 0 1 0					X		948,431	0	63,92
Scott Kizer VP, LEGAL SERVICES	45 0 0 0					X		612,172	0	112,76

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			
Christopher Jenkins FORMER KEY/VP INFRASTRCTRE/CTO	45 0 0 0						X	272,325	0	25,85
William Zipprer FORMER KEY/DIRECTOR TECH SVCS	45 0 0 0						X	192,062	0	35,25

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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.**

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

OMB No 1545-0047

2015

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 (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☑ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations 1 3

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

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
See Additional Data Table						
Total13					315,040,537	

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2015.** 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—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		No
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6	Yes	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		No
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		No
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		No
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below*	10a		No
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
b	A family member of a person described in (a) above?	11b		No
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		No

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

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

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

Return Reference	Explanation
Part IV, Section A, Line 1	Per its Articles, the organization will support other organizations described in Section 509(a)(1) or (2) of the Internal Revenue Code, as may be specified from time to time
Part IV, Section A, Line 6	BayCare Health System, Inc provides support to various charitable organizations in attempt to further its exempt purpose See Schedule I for more detail These contributions are made at the BayCare Health System level rather than the individual hospital level as a way to coordinate the giving BayCare Heatlh System's supported organizations are fully aware of this activity These amounts are de minimis with respect to BayCare Health System's total activities and total support provided
Part IV, Section B, Line 2	BayCare Health System, Inc operated for the benefit of both the supported organizations which are the members of BayCare Health System, Inc and those organizations that are controlled by the supported entities and operate as part of an integrated healthcare delivery system that furthers the member entities purpose of providing healthcare in a charitable manner

Additional Data

Software ID:
Software Version:
EIN: 59-2796965
Name: BAYCARE HEALTH SYSTEM INC

Form 990, Sch A, Part I, Line 11g - 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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
MORTON PLANT HOSPITAL (A) ASSOCIATION INC	590624462		Yes		73,980,978	0
ST ANTHONY'S (A) HOSPITAL INC	592043026		Yes		30,076,409	0
(B) ST JOSEPH'S HOSPITAL INC	590774199		Yes		115,013,451	0
(C) SOUTH FLORIDA BAPTIST HOSPITAL INC	590594631		Yes		11,798,303	0
(D) BAYCARE HOME CARE INC	593582520			No	14,655,203	0
(E) TRUSTEES OF MEASE HOSPITAL INC	590855412		Yes		41,766,531	0
(F) JOHN KNOX VILLAGE OF TAMPA BAY INC	591377711			No	1,492,623	0
(G) MORTON PLANT MEASE HEALTH SERVICES INC	592600684			No	3,497,110	0
(H) BAYCARE BEHAVIORAL HEALTH INC	591371752			No	1,615,377	0
(I) BEHAVIORAL HEALTH MANAGEMENT SERVICES INC	593279573			No	406,949	0
(J) BAYCARE MEDICAL GROUP INC	593140335			No	6,421,045	0
(K) ST ANTHONY'S PROFESSIONAL BUILDINGS AND SERVICES INC	592018848			No	1,053,740	0
(L) WINTER HAVEN HOSPITAL INC	590724462			No	13,262,818	0

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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.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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-
2					
3					
4					
5					
6					

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		

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

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-		

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(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 on 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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		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		651,999
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		95,137
j	Total Add lines 1c through 1i			747,636
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, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Schedule C Part II - B, Line 1b,1d,1g and 1i, Supplemental Information	b, d, g - Baycare employees completing lobbying activities regarding Medicare expansion, low income pool funding, federal and state behavioral health funding, federal home care funding and regulation, the CHOICE Act and related VA legislation, federal legislation for medically complex children, and Medicaid and Medicare DSH funding methodologies i - Dues were paid to the Florida Hospital Association, Greater Brandon Chamber, Greater of Commerce, and the Florida Institute of Certified Public Accountants These associations use a portion of their respective dues to conduct lobbying activities

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 6.

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

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

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

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 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, handling of violations, and enforcing conservation easements during the year ▶ _____

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

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

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

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

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

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

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

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

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

		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, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

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

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

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

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

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on 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)	Accumulated (c) depreciation	(d) Book value
1a Land		35,778,269		35,778,269
b Buildings		31,851,688	2,564,937	29,286,751
c Leasehold improvements		12,371,630	9,412,981	2,958,649
d Equipment		338,616,029	260,266,800	78,349,229
e Other		33,296,399		33,296,399
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				179,669,297

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) HARBORVEST FUND (VII,VIII,X,IX	66,354,432	F
(B) NTGI (SP 500FD, TIPS, AGG BD F	910,380,921	F
(C) BLACKSTONE	184,760,736	F
(D) MODRIAN (INT, INT SMALL CAP)	244,739,878	F
(E) FRANKLIN TEMPLETON	164,336,429	F
(F) LSV EMERGING MARKETS	113,628,630	F
(G) MREP / PARK STREET / HIPEP VII	18,675,868	F
(H) CLARION LION	77,481,532	F
(I) SCHRODER / HARVEST	62,919,624	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	1,843,278,050	

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

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

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

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

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

1. (a) Description of liability	(b) Book value
Federal income taxes	0
DEPOSITS	2,130
CP DEFERRED COMPENSATION PLAN	430,456
ABANDONED PROPERTY	519,121
DEFERRED COMPENSATION PLAN	18,176,720
MULTI YEAR LEASE ARRANGEMENTS	643,589
SERP LIABILITY	16,983,399
FMV SWAPS	68,161,613
DUE TO AFFILIATES	1,610,245,469
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,715,162,497

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	-15,765,077
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-154,117,764		
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	-154,117,764
3	Subtract line **2e** from line **1**			3	138,352,687
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	361,481,716		
c	Add lines **4a** and **4b**			4c	361,481,716
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	499,834,403

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	10,937,724
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	10,937,724
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	359,742,563		
c	Add lines **4a** and **4b**			4c	359,742,563
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	370,680,287

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 $359,777,245 OTHER $1,704,471 TOTAL $361,481,716 PART XII, LINE 4B REVENUE NETTED WITH EXPENSES $359,777,245 OTHER $(34,682) TOTAL $359,742,563

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) HARBORVEST FUND (VII,VIII,X,IX	66,354,432	F
(B) NTGI (SP 500FD, TIPS, AGG BD F	910,380,921	F
(C) BLACKSTONE	184,760,736	F
(D) MODRIAN (INT, INT SMALL CAP)	244,739,878	F
(E) FRANKLIN TEMPLETON	164,336,429	F
(F) LSV EMERGING MARKETS	113,628,630	F
(G) MREP / PARK STREET / HIPEP VII	18,675,868	F
(H) CLARION LION	77,481,532	F
(I) SCHRODER / HARVEST	62,919,624	F

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

1 **(a)** Description of Liability	**(b)** Book Value
DEPOSITS	2,130
CP DEFERRED COMPENSATION PLAN	430,456
ABANDONED PROPERTY	519,121
DEFERRED COMPENSATION PLAN	18,176,720
MULTI YEAR LEASE ARRANGEMENTS	643,589
SERP LIABILITY	16,983,399
FMV SWAPS	68,161,613
DUE TO AFFILIATES	1,610,245,469

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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.

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

OMB No 1545-0047

2015

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					583,908,000
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					583,908,000

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, do not file with Form 990)*	☐ 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, do not file with Form 990)*	☐ 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 ($13,618,000) 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 AS WHAT WAS ACTUALLY PAID. THE FIRST LISTED AMOUNT UNDER EURO PE ($117,822,000) REPRESENTS THE MARKET VALUE OF INVESTMENTS, THE SECOND LISTED AMOUNT UND ER EUROPE ($571,000) 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 M 8621, BAYCARE DID NOT MEET THE FILING THRESHOLD FOR THIS 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	13,618,000
Central America and the Caribbean			Program services	Insurance	8,000,000
Central America and the Caribbean			Investments		382,333,000

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		42,482,000
Europe (Including Iceland and Greenland)			Investments		117,822,000
Europe (Including Iceland and Greenland)			Investments		571,000

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		643,000
North America			Investments		9,853,000
Russia and the Newly Independent States			Investments		517,000

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		7,020,000
South Asia			Investments		1,049,000

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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," on 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

2015

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 Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

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 . . . . . ▶ 0

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of 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

Additional Data

Software ID:
Software Version:
EIN: 59-2796965
Name: BAYCARE HEALTH SYSTEM INC

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Heart Association 11207 BLUE HERON BLVD N St Petersburg, FL 33716	13-5613797	501(c)(3)	145,068				HEART WALK AND HEART BALL
Winter Haven Hospital Foundation Inc 200 Avenue F NE Winter Haven, FL 33881	03-0406130	501(c)(3)	9,400				Foundation Gala
American Cancer Society 3709 West Jetton Avenue Tampa, FL 33629	13-1788491	501(C)(3)	28,500				Cancer Walk and Cancer Ball donation

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Komen For The Cure PO Box 12848 St Petersburg, FL 33733	75-2870702	501(C)(3)	9,760				Support cancer fight
Morton Plant Mease Foundation 1840 Mease Drive Suite 403B Safety Harbor, FL 34695	59-1751535	501(C)(3)	12,200				Golf Tournament
Ronald McDonald House 28 Columbia Dr Tampa, FL 33606	59-1835985	501(C)(3)	24,250				Support the charity

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Copperhead Charities 36750 US Highway 19 North Palm Harbor, FL 34684	59-2128991	501(C)(3)	19,800				Aid to local charities in conjunction with PGA

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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" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

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 appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ 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 on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
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 Stephen Mason - Participated in a supplemental nonqualified deferred compensation plan He had $1,299,280 in benefits vest in 2015 This amount is included in Part II (B)(iii) Other compensation The plan made cash distribution of $545,048 in 2015 Tommy Inzina - Participated in a supplemental nonqualified deferred compensation plan He had $1,687,331 in benefits vest in 2015 This amount is included in Part II (B)(iii) Other compensation The plan made cash distribution of $707,835 in 2015 John Gantner - Participated in a supplemental nonqualified deferred compensation plan He had $81,051 of nonvested benefits accrue during 2015 This amount is included in Part II (C) Retirement and other deferred compensation Christopher Jenkins - Participated in a supplemental nonqualified deferred compensation plan He had $39,355 of nonvested benefits accrue during 2015 This amount is included in Part II (C) Retirement and other deferred compensation Tim Thompson - Participated in a supplemental nonqualified deferred compensation plan He had $82,405 of nonvested benefits accrue during 2015 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 $47,701 of nonvested benefits accrue during 2015 This amount is included in Part II (C) Retirement and other deferred compensation Glenn Waters - Participated in a supplemental nonqualified deferred compensation plan He had $104,562 in benefits vest in 2015 This amount is included in Part II (B)(iii) Other Compensation He had $65,804 of nonvested benefits accrue during 2015 This amount is included in Part II (C) Retirement and other deferred compensation The plan made cash distribution of $43,864 in 2015 Scott Kizer - Participated in a supplemental nonqualified deferred compensation plan He had $79,234 of nonvested benefits accrue during 2015 This amount is included in Part II (C) Retirement and other deferred compensation Denton Crockett, Jr - Participated in a supplemental nonqualified deferred compensation plan He had $77,124 in benefits vest in 2015 This amount is included in Part II (B)(iii) Other compensation The plan made cash distribution of $32,391 in 2015 Bruce Flareau - Participated in a supplemental nonqualified deferred compensation plan He had $98,743 in benefits vest in 2015 This amount is included in Part II (B)(iii) Other compensation He had $24,046 of nonvested benefits accrue during 2015 This amount is included in Part II (C) Retirement and other deferred compensation The plan made cash distribution of $41,423 in 2015 Lee Kirkman - Participated in a supplemental nonqualified deferred compensation plan He had $77,816 of nonvested benefits accrue during 2015 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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Stephen Mason TRUSTEE/CEO BAYCARE	(I)	1,277,613	564,504	1,343,628	15,286	23,981	3,225,012	0
	(II)	0	0	0	0	0	0	0
1John GantnerCFO BAYCARE	(I)	644,026	212,909	48,806	92,132	19,576	1,017,449	0
	(II)	0	0	0	0	0	0	0
2Tommy Inzina PRESIDENT/COO BAYCARE	(I)	1,045,656	315,743	1,706,552	24,131	30,549	3,122,631	0
	(II)	0	0	0	0	0	0	0
3Tim Thompson SVP INFORMATION SVCS/CIO	(I)	438,158	135,192	11,467	94,891	23,626	703,334	0
	(II)	0	0	0	0	0	0	0
4Cynthia Jones VP APPLICATIONS	(I)	268,584	74,607	10,004	60,951	15,870	430,016	0
	(II)	0	0	0	0	0	0	0
5Glenn Waters PRES/EVP BAYCARE HOSP DIV	(I)	792,346	273,455	123,783	77,804	34,616	1,302,004	0
	(II)	0	0	0	0	0	0	0
6Lee Kirkman CMO BAYCARE MED GR	(I)	504,842	154,922	15,654	100,755	16,998	793,171	0
	(II)	0	0	0	0	0	0	0
7Denton Crockett SVP AMBULATORY SVCS	(I)	456,998	136,118	114,034	43,272	21,414	771,836	0
	(II)	0	0	0	0	0	0	0
8Bruce Flareau PRES/EVP PHYSICIAN SVCS BAYCAR	(I)	596,705	222,972	128,754	31,693	32,235	1,012,359	0
	(II)	0	0	0	0	0	0	0
9Scott Kizer VP, LEGAL SERVICES	(I)	456,690	125,756	29,726	92,586	20,179	724,937	0
	(II)	0	0	0	0	0	0	0
10Christopher Jenkins FORMER KEY/VP INFRASTRCTRE/CTO	(I)	205,745	57,773	8,807	11,457	14,395	298,177	0
	(II)	0	0	0	0	0	0	0
11William Zipprer FORMER KEY/DIRECTOR TECH SVCS	(I)	171,881	19,304	877	9,544	25,707	227,313	0
	(II)	0	0	0	0	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.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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	POLK COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY FL	59-1292108	73112FAB4	05-01-2014	100,000,000	SERIES 2014A NEW PROJECTS		X		X		X
B	CITY OF TAMPA FL	59-1101138	87515EBB9	05-03-2012	277,512,591	SERIES 2012AB REFUND BONDS/NEW PR		X		X		X
C	CITY OF TAMPA FL	59-1101138	000000000	05-24-2012	177,215,000	SERIES 2012CDE NEW PROJECTS		X		X		X
D	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	0	42,035,000
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	100,000,000	277,512,591	177,275,078	210,212,680
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	1,544,390	1,924,576	417,938	2,195,048
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	20,855,610	23,953,005	176,857,139	0
11	Other spent proceeds	77,600,000	251,635,010	0	208,017,626
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2015	2015	2015	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	X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

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		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		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		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		X			
c	Are there any research agreements that may result in private business use of bond-financed property?	X		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		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 %		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		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		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		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		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X			
b	Exception to rebate?	X				X		X	
c	No rebate due?	X		X		X		X	
	If "Yes" to 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			X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X			X		X
b	Name of provider	0		MORGAN STANLEY CAPIT		0		0	
c	Term of hedge				2360 %				
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		X
b	Name of provider	0		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		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		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		X	

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

Return Reference	Explanation
SUPPLEMENTAL INFORMATION ON ALL SERIES	Schedule K - Part I (f) DESCRIPTION OF PURPOSE SERIES 2014A PRINCIPAL PURPOSE OF REFUNDING THE BRIDGE LOAN AQUIRED TO REFUND ALL OF WINTER HAVEN HOSPITAL OUTSTANDING BOND DEBT DURING ACQUISITION THERE WAS ALSO APPROX $21M NEW MONEY WHOSE PRINCIPAL PURPOSE WAS FOR CAPITAL EXPENDITURES RELATING TO BUILDINGS AND STRUCTURES 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-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 , TRUSTEES OF MEASE HOSPITAL, INC , WINTER HAVEN HOSPITAL Schedule K, Part II, Line 3 TOTAL PROCEEDS REPORTED PROCEEDS OF THE ISSUES INCLUDE INVESTMENT EARNINGS AS FOLLOWS SERIES 2012CDE $60,077 55 SERIES 2010 $6 26 2003A-2 $194 63 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 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-2 REBATE WAS COMPUTED BY BOND COUNSEL IN 2009 SERIES 2009A REBATE WAS COMPUTED BY BOND COUNSEL IN 2010 SERIES 2010 REBATE 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.

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

OMB No 1545-0047

2015

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	04-09-2012	200,000,000	SERIES 2009A REFUND BONDS		X		X		X
B	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	0		
2	Amount of bonds legally defeased	0	0		
3	Total proceeds of issue	200,000,000	35,950,195		
4	Gross proceeds in reserve funds	0	0		
5	Capitalized interest from proceeds	0	0		
6	Proceeds in refunding escrows	0	0		
7	Issuance costs from proceeds	1,755,850	334,150		
8	Credit enhancement from proceeds	375,000	976,000		
9	Working capital expenditures from proceeds	0	0		
10	Capital expenditures from proceeds	0	0		
11	Other spent proceeds	197,869,150	34,640,045		
12	Other unspent proceeds	0	0		
13	Year of substantial completion	2010	1996		

		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					
15	Were the bonds issued as part of an advance refunding issue?		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 %				
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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?				X				
b	Exception to rebate?	X		X					
c	No rebate due?	X		X					
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X				
b	Name of provider	GOLDMAN SACHS BANK		0					
c	Term of hedge		2560 %						
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				
b	Name of provider	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				
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	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					

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

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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.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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), section 501(c)(4), and 501(c)(29) 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	(d) Corrected? 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	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? No
Total		▶ $										

Part III Grants or Assistance Benefiting 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) Creative Contractors	see part V	4,801,245	construction services		No

Part V Supplemental Information

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

Return Reference	Explanation
Schedule L, Part IV	Alan Bomstein is a director of the filing organization as well as an officer/owner of Creative Contractors

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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 990-EZ 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

2015

Open to Public Inspection

Name of the organization
BAYCARE HEALTH SYSTEM INC

Employer identification number
59-2796965

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

Return Reference	Explanation
form 990, 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 w hen compared against market standards The data review ed comes from compensation studies that include comparable compensation for similarly qualified persons in functionally comparable positions at similarly situated organizations The organization keeps contemporaneous minutes of the compensation committees meetings and decisions External consultants review compensation every other year, the last review occurring in 2015, but the compensation committee regularly monitors compensation and all other procedures are follow ed annually Form 990, Part VI, Line 16b - Procedure to evaluate Joint Venture Arrangements The organization has a joint venture committee of subject matter experts w ho review potential arrangements w ith taxable joint ventures Included in its review are a review for compliance w ith relevant tax law s and a review of w hether the joint venture furthers the organization's exempt purpose Form 990, 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 are available via Sunbiz org

Return Reference	Explanation
form 990, part XI, LINE 9	OTHER CHANGES IN NET ASSETS NET ASSET TRANSFER PER JOA $160,275,000 CONTRIBUTED CAPITAL $8,469,000 OTHER $(676,252) Total $168,067,748

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

OMB No 1545-0047

2015

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) BayCare Purchasing Partners LLC 8731 Fl Mining Tampa, FL 33634 64-0950837	Group purchasing	FL	BayCare	related	589,475	438,338		No	23,464		No	9 450 %
(2) BC Employ Health CL 8452 118th Ave Largo, FL 33773 46-1533183	Health Servic	FL	Baycare	related	0	0		No	0		No	51 000 %
(3) BC Surgery Ctr LLC 8452 118th A N Largo, FL 33774 46-0591430	Surgery Cente	FL	Baycare	related	203,517	2,300,997		No	0		No	51 000 %

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	1,405,939	0	100 000 %	Yes	
(2)BCHS Insurance Inc 720 W Bay Rd Buckng Sqr Grand Cayman KY1-1102 CA 000000000	Insur Captive	CJ	BayCare	C corp	9,079,072	148,811,753	100 000 %	Yes	
(3) Medspecialists Inc 2985 Drew St Clearwater, FL 33759 68-0587533	Payroll Srvcs	FL	BayCare	C corp	13,426,788	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.

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

		Yes	No
1 During the tax year, did the 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		No
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Dividends from related organization(s)	1f		
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	Yes	
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	Yes	
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	483,993	2,898,492	BayCare
(1) BayCare Integrated Service Center LLC 8731 Florida Mining Blvd Tampa, FL 33634 45-3559404	procure/distr	FL	5,611,838	26,350,513	BayCare
(2) BayCare Properties LLC 8452 118th Ave North Largo, FL 33773 26-3201926	Real estate	FL	0	0	BayCare
(3) Baycare Laboratories LLC 8452 118th Avenue North Largo, FL 33773 27-4598855	health srvcs	FL	0	699,896	BayCare
(4) BayCare Physician Partners LLC 2985 Drew St Clearwater, FL 33759 45-2908908	CIN	FL	5,449,529	3,346,994	BayCare
(5) BayCare Health Solutions LLC 2985 Drew St Clearwater, FL 33759 46-1358555	Inactive	FL	0	0	BayCare
(6) BayCare Medical Services LLC 2985 Drew St Clearwater, FL 33759 46-2282247	Health Srvcs	FL	2,770,798	47,887	BayCare
(7) Mid-Florida Physician Services LLC 200 Ave F Northeast Winter Haven, FL 33881 61-1558557	Health Srvcs	FL	0	0	BayCare
(8) Mid-Florida Interv Cardiology Physician 200 Ave F Northeast Winter Haven, FL 33881 80-0641119	Health Srvcs	FL	331,613	0	MF PHYS
(9) Mid-Florida Oncology Physician Services 200 Ave F Northeast Winter Haven, FL 33881 61-1558556	Health Srvcs	FL	129,375	0	MF PHYS
(10) Mid-Florida Urology Physician Services 201 Ave F Northeast Winter Haven, FL 33882 61-1558558	Health Srvcs	FL	76,958	0	MF PHYS
(11) BayCare Hospital Support Services LLC 2985 Drew St Clearwater, FL 33759 47-1658676	admin supp sr	FL	0	2,268,605	BayCare
(12) BayCare Physician Partners ACO LLC 2985 Drew St Clearwater, FL 33759 46-5720072	ACO	FL	0	0	BayCare
(13) BayCare Urgent Care LLC 300 S Park Place Blvd Ste 170 Clearwater, FL 33759 20-2928709	Urgent care	FL	0	0	BayCare

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
South Florida Baptist Hospital Inc 301 N Alexander Street Plant City, FL 33563 59-0594631	Health Srvcs	FL	501(C)(3)	3	na		No
St Anthony's Hospital Inc 1200 Seventh Ave North St Petersburg, FL 33705 59-2043026	Health Srvcs	FL	501(C)(3)	3	na		No
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
BayCare Emergency Assist Program Inc 2985 Drew St Clearwater, FL 33759 59-2697770	emerg assist	FL	501(C)(3)	9	Baycare	Yes	
Trustees of Mease Hospital Inc 601 Main Street Dunedin, FL 34698 59-0855412	Health Srvcs	FL	501(C)(3)	3	MPMHC		No
BayCare Home Care Inc 8452 118th Ave North Largo, FL 33773 59-3582520	home hlth srv	FL	501(C)(3)	9	Baycare	Yes	
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	
John Knox Village of Tampa Bay Inc 4100 Fletcher Ave Tampa, FL 33613 58-1377711	retire cmmnty	FL	501(C)(3)	9	SJHCC		No
Morton Plant Hospital Association Inc 300 Pinellas Street Clearwater, FL 33756 59-0624462	health srvcs	FL	501(C)(3)	3	MPMHC		No
Morton Plant Mease Health Services Inc 8452 118th Ave N Largo, FL 33773 59-2600684	health srvcs	FL	501(C)(3)	9	MPMHC		No
BayCare Medical Group Inc 300 S Park Place Blvd Ste 170 Clearwater, FL 33759 59-3140335	health srvcs	FL	501(C)(3)	9	BCHS	Yes	
Winter Haven Hospital Inc 200 Ave F Northeast Winter Haven, FL 33881 59-0724462	health srvcs	FL	501(C)(3)	3	Baycare	Yes	
Baycare Behavioral Health Inc 7809 Massachusetts AVe New Port Richey, FL 34653 59-1371752	HEALTH SRVCS	FL	501(C)(3)	7	Baycare	Yes	
Bartow Regional Medical Center Inc 2200 Osprey Blvd Bartow, FL 33830 47-5387418	Hospital	FM	501(c)(3)	3	BayCare	Yes	
BayCare Choice Health Plans Inc 2985 Drew Street Clearwater, FL 33759 81-0785902	Insurance	FL	501(c)(4)	n/a	BayCare	Yes	
BayCare Select Health Plans Inc 2985 Drew Street Clearwater, FL 33759 81-0795815	MCR Advantage	FL	501(c)(4)	n/a	BayCare	Yes	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	Bay Vista Claims Inc	a(iv)	32,494	FMV
(1)	BayCare Medical Group Inc	a(iv)	125,625	FMV
(2)	BCHS Insurance Ltd	c	72,645	FMV
(3)	BayCare Medical Group Inc	c	1,542,290	FMV
(4)	BayCare Home Care Inc	c	8,469,000	FMV
(5)	Bay Vista Claims Inc	c	79,000	FMV
(6)	Winter Haven Hospital Inc	c	332,561	FMV
(7)	Bay Vista Claims Inc	i	231,338	FMV
(8)	BayCare Medical Group Inc	i	728,738	FMV
(9)	BayCare Medical Group Inc	l	37,790,885	FMV
(10)	Behavioral Health Management Services Inc	l	325,382	FMV
(11)	Winter Haven Hospital Inc	l	11,484,421	FMV
(12)	Baycare Behavioral Health	l	1,398,773	FMV
(13)	BayCare Home Care Inc	l	12,690,103	FMV
(14)	BayCare Surgery Centers LLC	l	830,599	FMV
(15)	BayCare Employee Health Clinics LLC	m	797,491	FMV
(16)	BayCare Medical Group Inc	o	771,036	FMV
(17)	Behavioral Health Management Services Inc	o	72,623	FMV
(18)	BayCare Behavioral Health	o	106,540	FMV
(19)	Winter Haven Hospital Inc	o	2,525,778	FMV
(20)	BayCare Home Care Inc	o	413,123	FMV
(21)	Behavioral Health Management Services Inc	r	5,863,304	FMV
(22)	BayCare Medical Group Inc	r	65,627,111	FMV
(23)	BayCare Employee Health Clinics LLC	r	801,825	FMV
(24)	BayCare Behavioral Health	s	3,980,811	FMV

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	BayCare Home Care Inc	s	18,267,761	FMV
(1)	Bay Vista Claims Inc	s	94,577	FMV
(2)	BayCare Surgery Centers LLC	s	839,134	FMV
(3)	Winter Haven Hospital Inc	s	6,233,100	FMV