

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

C Name of organization
 Trustees of Mease Hospital Inc
 Doing Business As
 Number and street (or P O box if mail is not delivered to street address) Room/suite
 601 Main Street
 City or town, state or country, and ZIP + 4
 Dunedin, FL 34698

D Employer identification number
 59-0855412
E Telephone number
 (727) 462-7697
G Gross receipts \$ 336,222,460

F Name and address of principal officer
 Glenn Waters
 601 Main Street
 Dunedin, FL 34698

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ www.measehospitals.com

K Form of organization Corporation Trust Association Other ▶ **L Year of formation** 1938 **M State of legal domicile** FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities Trustees of Mease Hospital 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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of employees (Part V, line 2a)	5	2,510
	6 Total number of volunteers (estimate if necessary)	6	1,188
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0	1,788,332
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	322,582,422	329,787,851
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-17,891	30,655
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,851,448	4,608,570
		325,415,979	336,215,408
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	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)	109,236,302	113,233,858
	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–24f)	188,366,448	191,527,032
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	297,602,750	304,760,890	
19 Revenue less expenses Subtract line 18 from line 12	27,813,229	31,454,518	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	413,545,191	370,649,074
	21 Total liabilities (Part X, line 26)	117,261,200	31,029,518
22 Net assets or fund balances Subtract line 21 from line 20	296,283,991	339,619,556	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including attachments and all information furnished hereon, and I believe that the return and all information furnished hereon are true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer
 CARL TREMONTI CFO
 Type or print name and title

Preparer's signature: _____ Date: _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: ERNST & YOUNG US LLP
 55 IVAN ALLEN BOULEVARD SUITE 1000
 ATLANTA, GA 30308

May the IRS discuss this return with the preparer shown above? (see instructions)

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

Trustees of Mease Hospital will improve the health of all we serve through community-owned health care services that set the standard for high-quality, compassionate care

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 249,755,470 including grants of \$) (Revenue \$ 330,023,360)
Hospital Patient Care See Schedule H

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 \$ 249,755,470

Part IV Checklist of Required Schedules

Table with 3 main columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 20 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 267		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 2,510		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	Yes	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		No
3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
3b			
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)?		No
4a			
b	If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5b			
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
6a			
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?		No
7a			
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?		No
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (24); 1b Enter the number of voting members that are independent (20); 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? (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? (No); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (No); 6 Does the organization have members or stockholders? (Yes); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (Yes); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (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 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11A Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (Yes); 13 Does the organization have a written whistleblower policy? (Yes); 14 Does the organization have a written document retention and destruction policy? (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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); 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? (Yes); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? (Yes).

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply: Own website, Another's website, Upon request; 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Carl Tremonti, 1240 S FT HARRISON AVE, Clearwater, FL 33756, (727) 462-7176.

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total	1,204,964	10,781,289	450,122
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **40**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Anesthesia Assoc of Pinellas 300 JEFFORDS ST STE B CLEARWATER, FL 33756	Anesthesia Services	496,608
BAY LINEN INC PO BOX 13275 NEWARK, NJ 07101	LAUNDRY SRVC	2,044,407
SIEMENS MEDICAL SOLUTIONS DEPT AT 40065 ATLANTA, GA 31192	IT SUPPORT/MAINT	1,054,553
SAYYAH'S CLEANING INC 4119 GUNN HWY STE 16 TAMPA, FL 33618	CLEANING SRVC	697,705
TRANSCRIPTION SOUTH INC 13555 AUTOMOBILE BLVD SUITE 530 CLEARWATER, FL 33762	TRANSCRIPTION SRVC	517,463

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **22**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d	1,788,332				
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f					
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f		1,788,332			
Program Service Revenue			Business Code				
	2a	HOSPITAL PATIENT CARE	621,990	191,876,367	191,876,367		
	b	MEDICARE/MEDICAID NET REVENUE	621,990	137,454,645	137,454,645		
	c	RENTAL INCOME FROM AFFILIATES	532,000	456,839	456,839		
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		329,787,851				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		30,223		30,223	
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
	6a	Gross Rents	(i) Real				
			(ii) Personal				
			Less rental expenses				
			c Rental income or (loss)	3,033,652			
	d	Net rental income or (loss)		3,033,652		3,033,652	
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other		7,484		
			Less cost or other basis and sales expenses		7,052		
			c Gain or (loss)		432		
	d	Net gain or (loss)		432		432	
	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	CAFETERIA		722,210	1,762,851		1,762,851	
		b NET LOSS ON BOND RESTRUCTURING	523,000	-423,442		-423,442	
		c MISCELLANEOUS	621,990	235,509	235,509		
		d All other revenue					
e	Total. Add lines 11a-11d		1,574,918				
12	Total revenue. See Instructions		336,215,408	330,023,360	0	4,403,716	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	521,574	353,646	167,928	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	96,333,382	96,312,064	21,318	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,168,714	3,168,013	701	
9	Other employee benefits	6,340,807	6,339,404	1,403	
10	Payroll taxes	6,869,381	6,854,588	14,793	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	7,558		7,558	
c	Accounting	8,111		8,111	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	6,885,171	6,636,129	249,042	
12	Advertising and promotion	9,384	8,849	535	
13	Office expenses	61,138,627	59,051,851	2,086,776	
14	Information technology	179,641	172,987	6,654	
15	Royalties	0			
16	Occupancy	7,496,991	7,417,183	79,808	
17	Travel	65,681	24,422	41,259	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	6,482,645	6,482,645		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	18,046,447	18,039,289	7,158	
23	Insurance	5,255,815	5,249,916	5,899	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	CORPORATE ALLOCATION	51,969,120		51,969,120	
b	BAD DEBT EXPENSE	21,221,153	21,221,153		
c	MISCELLANEOUS	6,129,610	5,886,440	243,170	
d	ASSESSMENTS	4,102,755	4,102,755		
e	DIETARY	2,528,323	2,434,136	94,187	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	304,760,890	249,755,470	55,005,420	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	6,479	1	9,363
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	38,523,826	4	37,913,150
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	0	7	6,693,162
	8 Inventories for sale or use	4,078,131	8	5,679,662
	9 Prepaid expenses and deferred charges	1,197,320	9	1,299,444
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	356,554,237		
	b Less accumulated depreciation	171,702,850	191,420,830	10c 184,851,387
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	13,060	13	275,660
	14 Intangible assets	8,332	14	2,993,330
	15 Other assets. See Part IV, line 11	178,297,213	15	130,933,916
16 Total assets. Add lines 1 through 15 (must equal line 34)	413,545,191	16	370,649,074	
Liabilities	17 Accounts payable and accrued expenses	16,243,721	17	17,734,489
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	94,471,785	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	6,094,916
	24 Unsecured notes and loans payable to unrelated third parties	5,859,364	24	0
	25 Other liabilities. Complete Part X of Schedule D	686,330	25	7,200,113
	26 Total liabilities. Add lines 17 through 25	117,261,200	26	31,029,518
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	296,283,991	27	339,619,556
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	296,283,991	33	339,619,556	
34 Total liabilities and net assets/fund balances	413,545,191	34	370,649,074	

Part XI Financial Statements and Reporting

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

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization Trustees of Mease Hospital Inc

Employer identification number

59-0855412

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

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

- 1 A church, convention of churches, or association of churches section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)
8 A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
a Type I b Type II c Type III - Functionally integrated d Type III - Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s)

Table with 2 columns: Yes, No. Rows: 11g(i), 11g(ii), 11g(iii)

Table with 7 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col (i) listed in your governing document?, (v) Did you notify the organization in col (i) of your support?, (vi) Is the organization in col (i) organized in the U S?, (vii) Amount of support?

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

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

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

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

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization Trustees of Mease Hospital Inc

Employer identification number 59-0855412

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 \$

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

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

a Revenues included in Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

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

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

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

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

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

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

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

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

Table with 2 columns: Description (1c-1f) and Amount

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

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

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

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows 1a-1g.

2 Provide the estimated percentage of the year end balance held as

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

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

Table with 3 columns: Description (3a(i), 3a(ii), 3b), Yes, No

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

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

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e and Total.

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		

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

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

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

(a) Description	(b) Book value
Physician Recruitment	259,625
Due from Affiliates	130,674,291
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	130,933,916

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
ESTIMATED THIRD PARTY SETTLEMENTS	6,597,948
Deposits	13,644
Asset Retirement Obligations	588,521
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	7,200,113

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	336,215,408
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	304,760,890
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	31,454,518
4	Net unrealized gains (losses) on investments	4	11,499,758
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,788,332
9	Total adjustments (net) Add lines 4 - 8	9	9,711,426
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	41,165,944

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

1	Total revenue, gains, and other support per audited financial statements	1	345,461,995
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	11,499,758
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	11,499,758
3	Subtract line 2e from line 1	3	333,962,237
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	2,253,171
c	Add lines 4a and 4b	4c	2,253,171
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	336,215,408

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

1	Total expenses and losses per audited financial statements	1	304,296,051
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	304,296,051
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	464,839
c	Add lines 4a and 4b	4c	464,839
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	304,760,890

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Part XI, Line 8		Contributions on balance sheet -\$1,788,332
Part XII, Line 4b		Contributions on balance sheet \$1,788,332 Revenues Netted with Expenses \$464,839 Total \$2,253,171
Part XIII, Line 4b		Expenses Netted with Revenues \$464,839

SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2009

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization Trustees of Mease Hospital Inc

Employer identification number 59-0855412

Part I Charity Care and Certain Other Community Benefits at Cost

1a Does the organization have a charity care policy? 1b If "Yes," is it a written policy? 2 If the organization has multiple hospitals... 3 Answer the following based on the charity care eligibility criteria... 3a Does the organization use Federal Poverty Guidelines... 3b Does the organization use FPG to determine eligibility... 4 Does the organization's policy provide free or discounted care... 5a Does the organization budget amounts... 5b If "Yes," did the organization's charity care expenses... 5c If "Yes" to line 5b... 6a Does the organization prepare an annual community benefit report? 6b If "Yes," does the organization make it available to the public?

7 Charity Care and Certain Other Community Benefits at Cost

Table with 7 columns: (a) Number of activities or programs (optional), (b) Persons served (optional), (c) Total community benefit expense, (d) Direct offsetting revenue, (e) Net community benefit expense, (f) Percent of total expense. Rows include Charity Care and Means-Tested Government Programs and Other Benefits.

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense (at cost)	2	4,312,575	
3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	2,243,409	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	86,587,085
6 Enter Medicare allowable costs of care relating to payments on line 5	6	93,053,957
7 Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-6,466,872
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Does the organization have a written debt collection policy?	9a	Yes
9b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
MEASE COUNTRYSIDE HOSPITAL 3231 N McMULLEN-BOOTH RD CLEARWATER, FL 33761	X						X		
MEASE DUNEDIN HOSPITAL 601 MAIN STREET DUNEDIN, FL 34698	X						X		
Trinity Immediate Care Center 1306 Seven Springs Blvd Trinity, FL 34655									Immediate Care
Walsingham Immediate Care Center 13670 Walsingham Road Largo, FL 33774									Immediate Care

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
Trustees of Mease Hospital Inc

Employer identification number

59-0855412

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items
- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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 the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

	Yes	No
1b		
2		
4a	Yes	
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7	Yes	
8		No
9		

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

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

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

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

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Supplemental Compensation Information	Part I, Line 4b	Philip Beauchamp - Participated in a supplemental nonqualified deferred compensation plan During the year, Philip became 100% vested in his benefits He had \$115,700 in benefits vest in 2009 This amount is included in Part II (B)(iii) other compensation The plan made a cash distribution of \$42,180 in 2009 Glenn Waters - Participated in a supplemental nonqualified deferred compensation plan He had \$0 in benefits vest in 2009 He had \$18,147 of nonvested benefits accrue during 2009 This amount is included in Part II Column C Stephen Mason - Participated in a supplemental nonqualified deferred compensation plan He had \$1,198,710 in benefits vest in 2009 This amount is included in Part II (B)(iii) other compensation Carl Tremonti - Participated in a supplemental nonqualified deferred compensation plan He had \$0 in benefits vest in 2009 He had \$31,964 of nonvested benefits accrue during 2009 This amount is included in Part II Column C Christopher Winters - Participated in a supplemental nonqualified deferred compensation plan He had \$0 in benefits vest in 2009 Harrel Ziecheck - Participated in a supplemental nonqualified deferred compensation plan During the year, Harrel became 100% vested in his benefits He had \$60,105 in benefits vest in 2009 This amount is included in Part II (B)(iii) other compensation The plan made a cash distribution of \$21,908 in 2009 Lisa Johnson - Participated in a supplemental nonqualified deferred compensation plan She had \$57,761 in benefits vest in 2009 This amount is included in Part II (B)(iii) other compensation The plan made a cash distribution of \$21,054 in 2009 Victor Hruszczyk - Participated in a supplemental nonqualified deferred compensation plan He had \$35,853 in benefits vest in 2009 This amount is included in Part II (B)(iii) other compensation He had an additional \$3,938 of nonvested benefits accrue during 2009 This amount is included in Part II Column C The plan made a cash distribution of \$13,068 in 2009 Louis Galdieri - Participated in a supplemental nonqualified deferred compensation plan He had \$0 in benefits vest in 2009 He had \$36,398 of nonvested benefits accrue during 2009 This amount is included in Part II Column C Denton Crockett, Jr - Participated in a supplemental nonqualified deferred compensation plan He had \$66,511 in benefits vest in 2009 This amount is included in Part II (B)(iii) other compensation He had an additional \$2,277 of nonvested benefits accrue during 2009 This amount is included in Part II Column C The plan made a cash distribution of \$24,243 in 2009 John Couris - Participated in a supplemental nonqualified deferred compensation plan He had \$36,986 in benefits vest in 2009 This amount is included in Part II (B)(iii) other compensation He had an additional \$10,025 of nonvested benefits accrue during 2009 This amount is included in Part II Column C The plan made a cash distribution of \$13,481 in 2009
Supplemental Compensation Information	Part I, Line 4a	Severance payments were made during 2009, \$2,421,231 to Philip Beauchamp and \$240,011 to Christopher Winters
Supplemental Compensation Committee	Part I, line 7	80 percent of the incentive compensation for which an individual is eligible would be considered fixed based on the instructions 20 percent would be considered non-fixed and is based on the discretion of the employee's immediate supervisor

Software ID:
Software Version:
EIN: 59-0855412
Name: Trustees of Mease Hospital Inc

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Philip Beauchamp	(i) 0 (ii) 509,223	0 245,401	0 2,542,337	0 3,578	0 11,997	0 3,312,536	0 0
Glenn Waters	(i) 0 (ii) 597,325	0 172,000	0 13,640	0 18,147	0 14,794	0 815,906	0 0
Stephen Mason	(i) 0 (ii) 924,854	0 410,673	0 1,275,750	0 12,152	0 23,131	0 2,646,560	0 296,668
Peter Blumencranz	(i) 0 (ii) 717,891	0 0	0 6,360	0 5,862	0 2,948	0 733,061	0 0
Carl Tremonti	(i) 0 (ii) 190,976	0 50,554	0 6,402	0 41,679	0 7,072	0 296,683	0 0
Christopher Winters	(i) 0 (ii) 137,351	0 10,393	0 243,419	0 969	0 11,961	0 404,093	0 0
Robin Lapham	(i) 134,978 (ii) 0	16,692 0	454 0	7,388 0	6,070 0	165,582 0	0 0
Gerald Massey	(i) 133,925 (ii) 0	15,675 0	7,187 0	7,233 0	3,908 0	167,928 0	0 0
Celia Larimore	(i) 153,608 (ii) 0	19,298 0	552 0	8,442 0	6,163 0	188,063 0	0 0
Harrel Ziecheck	(i) 0 (ii) 325,746	0 93,740	0 84,184	0 12,250	0 8,912	0 524,832	0 0
Lisa Johnson	(i) 0 (ii) 254,221	0 73,167	0 67,777	0 7,509	0 11,966	0 414,640	0 7,947
Victor Hruszczyk	(i) 0 (ii) 200,513	0 58,270	0 54,543	0 14,986	0 11,533	0 339,845	0 0
Glenn Graziose	(i) 0 (ii) 173,931	0 23,875	0 2,802	0 9,491	0 10,732	0 220,831	0 0
Louis Galdieri	(i) 0 (ii) 230,123	0 69,213	0 7,451	0 48,061	0 4,977	0 359,825	0 0
Denton Crockett Jr	(i) 0 (ii) 391,543	0 122,129	0 82,522	0 14,527	0 9,454	0 620,175	0 0
John Couris	(i) 0 (ii) 236,553	0 71,680	0 56,296	0 19,768	0 11,838	0 396,135	0 0
Mohsen Habib	(i) 125,906 (ii) 0	9,804 0	8,530 0	7,133 0	10,518 0	161,891 0	0 0
Bernard Renshaw Jr	(i) 149,368 (ii) 0	565 0	144 0	7,585 0	10,421 0	168,083 0	0 0
Kelly Triolo	(i) 145,372 (ii) 0	19,219 0	434 0	7,872 0	3,440 0	176,337 0	0 0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2009

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Trustees of Mease Hospital Inc

Employer identification number
59-0855412

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
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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
MFP Inc dba Financial Credit Servi	See Schedule O	385,668	Fee for Collection Services		No

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization
Trustees of Mease Hospital Inc

Employer identification number

59-0855412

Identifier	Return Reference	Explanation
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Identifier	Return Reference	Explanation
Supplemental Information		<p>Form 990, Part VI, Question 2 - Description of Family or Business Relationship Glenn Waters and Stephen Mason are both Board members of the Organization, as well as Board members of a taxable entity, which is an affiliate of the filing Organization Form 990, Part VI, Question 6 - Description of Classes of Members or Stockholders The sole member of Trustees of Mease Hospital, Inc is Morton Plant Mease Health Care, Inc Form 990, Part VI, Question 7a - Description of Classes of Persons and the Nature of Their Rights The Board shall consist of no more than twenty-six (26) members (each, a "Trustee"), all of whom shall be appointed by the Member such that at all times the Board is comprised of all of the members of the Board of Directors of the Member Form 990, Part VI, Question 7b - Descr Classes of Persons, Decisions Requiring Appr & Type of Voting Rights The taxpayer is a Participant, as defined in the Second Restated Joint Operating Agreement dated as of May 23, 2006, as amended (the "JOA") Under the JOA, BayCare health System, Inc is responsible for the operations of the Participants The JOA Participants include the taxpayer and other hospitals and non-hospital organizations Notice of the JOA was previously provided to the Internal Revenue Service by letter dated July 1, 1997 Member Reserved Rights The Member reserves to itself the following two categories of actions Class I Member Reserved Rights and Class II Member Reserved Rights A Class I Member Reserved Rights 1 Addition, deletion or reconfiguration of services of the Corporation 2 Establishment of overall capital and operating budgets and strategic plans applicable to the Corporation, including the use of the funds of the Corporation 3 Exclusive authority to enter into managed care contracts on behalf of the Corporation and its subsidiaries and affiliates 4 Approval of contracts on behalf of the Corporation (but the Class I Member may establish policies from time to time providing that only specific types of contracts or contracts involving obligations in excess of specified levels need to be approved by the Class I Member) 5 Authority to establish fees and charges on behalf of the Corporation 6 Determination of whether the Corporation should join any networks or alternative or integrated delivery systems 7 Establishment of employment and other policies applicable to all personnel employed by the Corporation 8 Approval of the philosophy, mission statement and purposes of the Corporation 9 Approval of changes in the Articles of Incorporation or in the Bylaws of the Corporation 10 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 of the Corporation 11 Approval of the incurrence of indebtedness by the Corporation above certain limits established by the Class I Member 12 Approval of the establishment of additional affiliates or subsidiaries of the Corporation 13 Adoption of strategic plans or major changes in programs or services of the Corporation 14 Approval of the purchase, sale, transfer, or other encumbrance of assets of the Corporation above specified levels established by the Class I Member B Class II Member Reserved Rights 1 Approval of the philosophy, mission statement and purposes of the Corporation 2 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 of the Corporation 3 With regard to any assets of the Corporation no longer required in the operations of the Corporation, approval of any sale or other disposition of any assets not in the ordinary course which have a value in excess of \$3 million, and with regard to all other assets of the Corporation used in the operations of the Corporation, approval of any sale or other disposition of such assets not in the ordinary course (but the foregoing is not intended to limit any transfer of the location of the assets from the Corporation to another entity in connection with a duly authorized reconfiguration of services) 4 Approval of the closure of a hospital facility of the Corporation 5 Change in the name of a hospital facility of the Corporation 6 Approval of substantive changes in the Bylaws of the Articles of Incorporation of the Corporation Form 990, Part VI, Question 11 & 11a - Describe the Process used by Management &/or Governing Body to Review 990 The Form 990 is prepared by the organization and reviewed by the CFO, as well as the organization's paid preparer A final copy of the Form 990 was reviewed by a subcommittee of the Board of Directors Prior to filing with the IRS, a final copy of the Form 990 will be made available to the entire Board via a web portal Form 990, Part VI, Question 12c - Description of Process to Monitor Transactions for Conflicts of Interest Trustees of Mease Hospital, 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</p>

Identifier	Return Reference	Explanation
Supplemental Information, 2		<p>Form 990, Part VI, Question 15a & 15b - Process used for Compensation Review and Approval The organization uses an independent compensation committee, appointed by the Board of Directors The Compensation Committee's purpose is to provide oversight for the organization's executive compensation program, review and approve compensation and benefits for all "disqualified persons" subject to the Intermediate Sanctions regulations issued under Section 4958 of the Internal Revenue Code (including the Chief Executive Officer, Chief Administrative Officer & CFO, other system and entity executives, and other disqualified persons as defined in the Intermediate Sanctions regulations (i.e., voting members of the governing body, family members, former officers)), and establish the compensation philosophy for all other executives This committee engages nationally recognized compensation consultants to assist them in review of executive compensation The compensation consultants provide a review of each vice president and above in the system to determine if that employee's compensation is reasonable when compared against market standards The data reviewed comes from compensation studies that include comparable compensation for similarly qualified persons in functionally comparable positions at similarly situated organizations The organization keeps contemporaneous minutes of the compensation committees meetings and decisions A review of compensation was completed in 2009</p> <p>Form 990, Part VI, Question 16b - Procedure to evaluate Joint Venture Arrangements The organization has a Joint Venture committee of subject matter experts who review potential arrangements with taxable joint ventures Included in their review is a review for compliance with relevant tax laws</p> <p>Form 990, Part VI, Question 19 - How and If the Governing Documents, Conflict of Interest Policy and Financial Statements are Made Available to the Public Trustees of Mease Hospital Inc publishes its financial statements with the Agency for Health Care Administration Governing documents and policies are not available for public inspection</p> <p>Form 990, Part VII, Section A, Column B - Estimated hours worked by officers, directors, trustees, key employees, and highest compensated employees at related entities</p> <p>Alan Bomstein - BayCare Health Systems, Inc - 1 Alan Bomstein - Morton Plant Hospital Assoc, Inc - 1 Alan Bomstein - Morton Plant Mease Health Care, Inc - 1 Carl Tremonti - Morton Plant Hospital Assoc, Inc - 1 Carl Tremonti - Morton Plant Mease Health Care, Inc - 40 Carl Tremonti - Morton Plant Mease Health Services, Inc - 1 Carl Tremonti - Morton Plant Mease Primary Care, Inc - 1 Carl Tremonti - St Anthony's Hospital, Inc - 45 Carl Tremonti - St Anthony's Professional Building & Services, Inc - 1 Christopher Winters - Morton Plant Hospital Assoc, Inc - 1 Christopher Winters - Morton Plant Mease Health Care, Inc - 40 Christopher Winters - Morton Plant Mease Primary Care, Inc - 1 Chuck Riggs - Morton Plant Hospital Assoc, Inc - 1 Chuck Riggs - Morton Plant Mease Health Care, Inc - 1 Chuck Riggs - Morton Plant Mease Health Services, Inc - 1 Denton Crockett Jr - BayCare Health Systems, Inc - 23 Denton Crockett Jr - BayCare Home Care, Inc - 22 Denton Crockett Jr - Morton Plant Hospital Assoc, Inc - 1 Denton Crockett Jr - Morton Plant Mease Health Services, Inc - 1 Denton Crockett Jr - St Anthony's Hospital, Inc - 1 Denton Crockett Jr - St Anthony's Prof Building & Services, Inc - 1 Denton Crockett Jr - South Florida Baptist Hospital, Inc - 1 Denton Crockett Jr - St Joseph's Enterprises, Inc - 1 Denton Crockett Jr - St Joseph's Hospital, Inc - 1 Ed Armstrong - BayCare Health Systems, Inc - 1 Ed Armstrong - Morton Plant Hospital Assoc, Inc - 1 Ed Armstrong - Morton Plant Mease Health Care, Inc - 1 Eli Freilich, MD - Morton Plant Hospital Assoc, Inc - 1 Eli Freilich, MD - Morton Plant Mease Health Care, Inc - 1 Glenn Waters - BayCare Home Care, Inc - 1 Glenn Waters - Morton Plant Hospital Assoc, Inc - 1 Glenn Waters - Morton Plant Mease Health Care, Inc - 40 Glenn Waters - Morton Plant Mease Health Services, Inc - 1 Glenn Waters - Morton Plant Mease Primary Care, Inc - 1 Harrel Ziecheck - Morton Plant Hospital Assoc, Inc - 40 Harrel Ziecheck - Morton Plant Mease Health Care, Inc - 1 Jim Cantonis - Morton Plant Hospital Assoc, Inc - 1 Jim Cantonis - Morton Plant Mease Health Care, Inc - 1 John Couris - Morton Plant Hospital Assoc, Inc - 40 John Couris - Morton Plant Mease Health Services, Inc - 1 King Helie - BayCare Behavioral Health, Inc - 1 King Helie - Behavioral Health Management Services, Inc - 1 King Helie - Morton Plant Hospital Assoc, Inc - 1 King Helie - Morton Plant Mease Health Care, Inc - 1 Larry Morgan - BayCare Health Systems, Inc - 1 Larry Morgan - Morton Plant Hospital Assoc, Inc - 1 Larry Morgan - Morton Plant Mease Health Care, Inc - 1 Lisa Johnson - Morton Plant Hospital Assoc, Inc - 1 Lisa Johnson - Morton Plant Mease Health Care, Inc - 40 Mahesh Amin, MD - BayCare Health Systems, Inc - 1 Mahesh Amin, MD - Morton Plant Hospital Assoc, Inc - 1 Mahesh Amin, MD - Morton Plant Mease Health Care, Inc - 1 Mel Ora - Morton Plant Hospital Assoc, Inc - 1 Mel Ora - Morton Plant Mease Health Care, Inc - 1 Mel Ora - Morton Plant Mease Health Services, Inc - 1 Michael Williamson, MD - BayCare Health Systems, Inc - 1 Michael Williamson, MD - Morton Plant Hospital Assoc, Inc - 1 Michael Williamson, MD - Morton Plant Mease Health Care, Inc - 1 Odalys Lara - BayCare Health Systems, Inc - 1 Odalys Lara - Morton Plant Hospital Assoc, Inc - 1 Odalys Lara - Morton Plant Mease Health Care, Inc - 1 Odalys Lara - Morton Plant Mease Primary Care, Inc - 1 Patricia Ryan - Morton Plant Mease Health Services, Inc - 1 Patricia Ryan - Morton Plant Mease Primary Care, Inc - 1 Patricia Ryan - Morton Plant Hospital Assoc, Inc - 1 Patricia Ryan - Morton Plant Mease Health Care, Inc - 1 Peter Blumencranz - Morton Plant Hospital Assoc, Inc - 1 Peter Blumencranz - Morton Plant Mease Health Care, Inc - 45 Peter Rossi, MD - Morton Plant Hospital Assoc, Inc - 1 Peter Rossi, MD - Morton Plant Mease Health Care, Inc - 1 Philip Beauchamp - BayCare Home Care, Inc - 0 Philip Beauchamp - Morton Plant Hospital Assoc, Inc - 0 Philip Beauchamp - Morton Plant Mease Health Care, Inc - 0 Philip Beauchamp - Morton Plant Mease Health Services, Inc - 0 Philip Beauchamp - Morton Plant Mease Primary Care, Inc - 0 Robert B McGivney - BayCare Health Systems, Inc - 1 Robert B McGivney - Morton Plant Hospital Assoc, Inc - 1 Robert B McGivney - Morton Plant Mease Health Care, Inc - 1 Robert Stein, MD - Morton Plant Hospital Assoc, Inc - 1 Robert Stein, MD - Morton Plant Mease Health Care, Inc - 1 Sandip Patel - Morton Plant Hospital Assoc, Inc - 1 Sandip Patel - Morton Plant Mease Health Care, Inc - 1 Sanjay Madan, MD - Morton Plant Hospital Assoc, Inc - 1 Sanjay Madan, MD - Morton Plant Mease Health Care, Inc - 1 Stephen Mason - BayCare Health Systems, Inc - 45 Stephen Mason - BayCare Behavioral Health, Inc - 1 Stephen Mason - Behavioral Health Management Services, Inc - 1 Stephen Mason - BayCare Home Care, Inc - 1 Stephen Mason - Morton Plant Hospital Assoc, Inc - 1 Stephen Mason - Morton Plant Mease Health Care, Inc - 1 Stephen Mason - Morton Plant Mease Primary Care, Inc - 1 Stephen Mason - St Anthony's Hospital, Inc - 1 Stephen Mason - St Joseph's Health Care Center, Inc - 1 Thomas Nash - Morton Plant Hospital Assoc, Inc - 1 Thomas Nash - Morton Plant Mease Health Care, Inc - 1 V Raymond Ferrara - BayCare Health Systems, Inc - 1 V Raymond Ferrara - Morton Plant Hospital Assoc, Inc - 1 V Raymond Ferrara - Morton Plant Mease Health Care, Inc - 1 V Raymond Ferrara - Morton Plant Mease Health Services, Inc - 1 Victor Hruszczyk - Morton Plant Hospital Assoc, Inc - 1 Victor Hruszczyk - St Anthony's Hospital, Inc - 1 Victor Hruszczyk - South Florida Baptist Hospital, Inc - 1 Victor Hruszczyk - St Joseph's Hospital, Inc - 1 William Horne - Morton Plant Hospital Assoc, Inc - 1 William Horne - Morton Plant Mease Health Care, Inc - 1 William Price - Morton Plant Hospital Assoc, Inc - 1 William Price - Morton Plant Mease Health Care, Inc - 1 Victor Hruszczyk - South Florida Baptist Hospital, Inc - 1 Victor Hruszczyk - St Joseph's Hospital, Inc - 1 William Horne - Morton Plant Hospital Assoc, Inc - 1 William Horne - Morton Plant Mease Health Care, Inc - 1 William Price - Morton Plant Hospital Assoc, Inc - 1 William Price - Morton Plant Mease Health Care, Inc - 1</p> <p>Form 990, Schedule L, Part IV, Column B - Relationship between Interested Person and Organization Stephen Mason is a Director of the filing organization as well as an Officer of MFP, Inc</p>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Trustees of Mease Hospital Inc

Employer identification number

59-0855412

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
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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
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BayCare Health System Inc 16255 Bay Vista Drive Clearwater, FL 33760 59-2796965	Support svcs	FL	501(c)(3)	11A	
Morton Plant Hospital Association Inc 300 Pinellas Street Clearwater, FL 33756 59-0624462	Health svcs	FL	501(c)(3)	3	
Morton Plant Mease Health Care Found Inc 1200 Druid Road South Clearwater, FL 33756 59-1751535	Fundraising	FL	501(c)(3)	11A	
Morton Plant Mease Health Care Inc 300 Pinellas Street Clearwater, FL 33756 59-2374556	Support svcs	FL	501(c)(3)	11B	
Morton Plant Mease Health Services Inc 8452 118th Ave N Largo, FL 33773 59-2600684	Health svcs	FL	501(c)(3)	3	
Morton Plant Mease Primary Care Inc 300 S Park Place Blvd Ste 170 Clearwater, FL 33759 59-3140335	Health svcs	FL	501(c)(3)	9	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
Access Medical South LC 8452 118th Ave North Largo, FL33773 59-3488553	medical equipment	FL									
Medical Specialist Associates of Florida 8452 118th Ave N Largo, FL33773 81-0656333	Health srvc	FL									
Sleep Disorders Clinic LLC 430 Morton Plant Street Clearwater, FL33756 90-0197772	sleep srvc	FL									
The Pinellas Neuro-Ortho Spine Group LL 601 Main Street Dunedin, FL34698 83-0420933	Neuro/ortho srvc	FL		Related	-38		0	No		Yes	
Trinity Surgery Center LLC 2102 Trinity Oaks Blvd New Port Richey, FL34655 02-0656933	Health srvc	FL									

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
Global Health Care Inc 8452 118th Avenue North Largo, FL33773 59-1853449	Inactive	FL		C corp			
Medspecialists Inc 16255 Bay Vista Drive Clearwater, FL33760 68-0587533	Health srvc	FL		C corp			
MFP Inc 628 Bypass Road Clearwater, FL33764 59-2374569	Collection srvc	FL		C corp			
Morton Plant Health Ventures Inc 8452 118th Avenue North Largo, FL33773 59-2728600	Health srvc	FL		C corp			

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f	Yes	
1g	Yes	
1h		No
1i	Yes	
1j		No
1k		No
1l	Yes	
1m		No
1n	Yes	
1o		No
1p		No
1q	Yes	
1r	Yes	

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
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- (1)
- (2)

- (3)

- (4)

- (5)

- (6)

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

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

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

Software ID:
Software Version:
EIN: 59-0855412
Name: Trustees of Mease Hospital Inc

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
BayCare Health System Inc 16255 Bay Vista Drive Clearwater, FL33760 59-2796965	Support srvc	FL	501(c)(3)	11A	
Morton Plant Hospital Association Inc 300 Pinellas Street Clearwater, FL33756 59-0624462	Health srvc	FL	501(c)(3)	3	
Morton Plant Mease Health Care Found Inc 1200 Druid Road South Clearwater, FL33756 59-1751535	Fundraising	FL	501(c)(3)	11A	
Morton Plant Mease Health Care Inc 300 Pinellas Street Clearwater, FL33756 59-2374556	Support srvc	FL	501(c)(3)	11B	
Morton Plant Mease Health Services Inc 8452 118th Ave N Largo, FL33773 59-2600684	Health srvc	FL	501(c)(3)	3	
Morton Plant Mease Primary Care Inc 300 S Park Place Blvd Ste 170 Clearwater, FL33759 59-3140335	Health srvc	FL	501(c)(3)	9	

Additional Data

Software ID:
Software Version:
EIN: 59-0855412
Name: Trustees of Mease Hospital Inc

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mahesh Amin MD Director	1 0	X						0	0	0
Ed Armstrong Director, Vice President	1 0	X		X				0	0	0
Alan Bomstein Director	1 0	X						0	0	0
Jim Cantonis Director	1 0	X						0	0	0
V Raymond Ferrara Director	1 0	X						0	0	0
Eli Freilich MD Director	1 0	X						0	36,425	0
King Helie Director	1 0	X						0	0	0
William Horne Director	1 0	X						0	0	0
O dalys Lara Director	1 0	X						0	0	0
Sanjay Madan MD Director	1 0	X						0	0	0
Robert B McGivney Director	1 0	X						0	0	0
Larry Morgan Chairman	1 0	X		X				0	0	0
Thomas Nash Director	1 0	X						0	0	0
Mel Ora Director	1 0	X						0	0	0
Sandip Patel Director	1 0	X						0	0	0
William Price Director, Secretary	1 0	X		X				0	0	0
Chuck Riggs Director	1 0	X						0	0	0
Peter Rossi MD Director	1 0	X						0	1,400	0
Patricia Ryan Director	1 0	X						0	0	0
Robert Stein MD Director	1 0	X						0	8,636	0
Michael Williamson MD Director	1 0	X						0	0	0
Glenn Waters Director, President MPM	1 0	X		X				0	782,965	32,941
Stephen Mason Director	1 0	X						0	2,611,277	35,283
Peter Blumencranz Director	1 0	X						0	724,251	8,810
Carl Tremonti CFO - Morton Plant Mease	1 0			X				0	247,932	48,751

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Christopher Winters CFO - Morton Plant Mease	1 0			X				0	391,163	12,930
Robin Lapham Dir Patient Services - MCH	45 0				X			152,124	0	13,458
Gerald Massey Director, Operations - Mease	45 0				X			156,787	0	11,141
Celia Larimore Dir Surgical Services - Mease	45 0				X			173,458	0	14,605
Harrel Ziecheck COO Morton Plant Hospital	1 0				X			0	503,670	21,162
Lisa Johnson VP Patient Care Services - MPM	1 0				X			0	395,165	19,475
Victor Hruszczyk VP Laboratory	1 0				X			0	313,326	26,519
Glenn Graziose Director Pharmaceutical Srvcs	10 0				X			0	200,608	20,223
Louis Galdieri COO, Mease Hospitals	45 0				X			0	306,787	53,038
Denton Crockett Jr Sr VP Ambulatory Services	1 0				X			0	596,194	23,981
John Cours COO North Bay Hospital	1 0				X			0	364,529	31,606
Nicole Hanna Clinical Pharmacist	45 0					X		123,254	0	6,282
Dennis McManus Clinical Pharmacist	45 0					X		139,999	0	7,373
Mohsen Habib Manager Pharmacy	45 0					X		144,240	0	17,651
Bernard Renshaw Jr Clinical Pharmacist	45 0					X		150,077	0	18,006
Kelly Triolo Dir Patient Svcs, MDH/ER	45 0					X		165,025	0	11,312
Philip Beauchamp Director, President MPM							X	0	3,296,961	15,575

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
CORPORATE ALLOCATION	51,969,120		51,969,120	
BAD DEBT EXPENSE	21,221,153	21,221,153		
MISCELLANEOUS	6,129,610	5,886,440	243,170	
ASSESSMENTS	4,102,755	4,102,755		
DIETARY	2,528,323	2,434,136	94,187	