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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

C Name of organization
Morton Plant Hospital Association Inc

Doing Business As

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

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

D Employer identification number
59-0624462

E Telephone number
(727) 462-7878

G Gross receipts $ 517,957,464

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www mortonplant com

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

L Year of formation 1919

M State of legal domicile FL

Part I Summary

Activities & Governance

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

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

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	3,775
6	Total number of volunteers (estimate if necessary)	6	1,275
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	3,011,064
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-56,740

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	2,077,175	6,984,982
9	Program service revenue (Part VIII, line 2g)	500,104,223	509,858,497
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	213,012	-1,806,382
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	502,148	2,780,786
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	502,896,558	517,817,883
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	65,000	4,064,986
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	166,807,259	169,861,099
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	307,352,212	310,278,018
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	474,224,471	484,204,103
19	Revenue less expenses Subtract line 18 from line 12	28,672,087	33,613,780

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	593,767,198	588,002,971
21	Total liabilities (Part X, line 26)	109,231,578	59,593,379
22	Net assets or fund balances Subtract line 21 from line 20	484,535,620	528,409,592

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2010-11-10

CARL TREMONTI CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG US LLP 55 IVAN ALLEN BLVD STE 1000 ATLANTA, GA 30308		EIN ▶	Phone no ▶ (404) 874-8300

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

Morton Plant Hospital Association will improve the health of all we serve through community-owned health care services that set the standard for high-quality compassionate care

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the 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 $ 396,888,513 including grants of $ 4,064,986) (Revenue $ 507,374,230)

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** ▶ $ 396,888,513

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — Yes / No: **12A** Yes			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	434		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	3,775		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	24		
b	Enter the number of voting members that are independent	1b	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?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

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

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 . . . . . ▶	1,102,969	10,273,894	383,118

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 ▶ 57

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Aegis Therapies PO BOX 8103 FORT SMITH, AR 72902	Therapy Services	2,633,164
University of South Florida 12901 Bruce B Downs Blvd TAMPA, FL 33612	Medical Services	1,688,981
HCSG Cardiovascular Resources 14883 Collections Center Dr CHICAGO, IL 60693	Medical Services	1,159,093
BAY LINEN PO BOX 13275 NEWARK, NJ 07101	LAUNDRY SRVC	2,733,207
SIEMENS MEDICAL SOLUTIONS Dept at 40065 ATLANTA, GA 31192	IT SUPPORT/MAINT	1,410,797
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 ▶ 49		

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	5,371,046			
	e	Government grants (contributions)	1e	1,537,500			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	76,436			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		6,984,982			
Program Service Revenue			Business Code				
	2a	HOSPITAL PATIENT CARE	621,990	276,553,592	273,542,528	3,011,064	
	b	MEDICARE/MEDICAID	621,990	232,020,496	232,020,496		
	c	COMMUNITY AFFAIRS	621,990	483,295	483,295		
	d	RENTAL INCOME FROM AFFILIATES	531,120	801,114	801,114		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		509,858,497			
	3	Investment income (including dividends, interest and other similar amounts)		-1,687,552			-1,687,552
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents	578,423				
	b	Less rental expenses					
	c	Rental income or (loss)	578,423				
	d	Net rental income or (loss)		578,423			578,423
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		20,750			
	b	Less cost or other basis and sales expenses		139,581			
	c	Gain or (loss)		-118,831			
	d	Net gain or (loss)		-118,830			-118,830
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	NET LOSS ON BOND RESTRUCTURING	523,000	-320,546			-320,546
	b	CAFETERIA	722,210	1,996,112			1,996,112
	c	MISCELLANEOUS	621,990	526,797	526,797		
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		2,202,363			
	12	**Total revenue.** See Instructions		517,817,883	507,374,230	3,011,064	447,607

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	4,064,986	4,064,986		
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	402,871	402,871		
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	144,446,783	144,021,636	425,147	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,806,460	4,792,313	14,147	
9 Other employee benefits	9,886,279	9,857,181	29,098	
10 Payroll taxes	10,318,706	10,289,022	29,684	
11 Fees for services (non-employees)				
a Management	0			
b Legal	56,445		56,445	
c Accounting	11,737		11,737	
d Lobbying	0			
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	0			
g Other	19,396,641	18,670,437	726,204	
12 Advertising and promotion	150,426	82,848	67,578	
13 Office expenses	99,721,172	96,571,573	3,149,599	
14 Information technology	306,170	289,847	16,323	
15 Royalties	0			
16 Occupancy	10,815,412	10,646,214	169,198	
17 Travel	358,976	172,882	186,094	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	7,066,131	7,066,131		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	28,516,111	28,489,338	26,773	
23 Insurance	8,981,065	8,974,885	6,180	
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	81,028,192		81,028,192	
b BAD DEBT EXPENSE	34,987,634	34,987,634		
c ASSESSMENTS	5,936,829	5,936,829		
d DIETARY	3,441,903	3,314,339	127,564	
e MISCELLANEOUS	9,503,174	8,257,547	1,245,627	
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	484,204,103	396,888,513	87,315,590	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		12,928	1	23,944
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		45,169,016	4	56,983,836
	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			7	2,982,879
	8	Inventories for sale or use		5,474,680	8	7,452,155
	9	Prepaid expenses and deferred charges		2,226,008	9	2,094,624
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 537,101,879			
	b	Less accumulated depreciation	10b 256,518,019	273,996,472	10c	280,583,860
	11	Investments—publicly traded securities		119,383	11	134,045
	12	Investments—other securities See Part IV, line 11		30,167	12	39,021
	13	Investments—program-related See Part IV, line 11		3,888,549	13	3,872,328
	14	Intangible assets		18,848,282	14	19,008,359
	15	Other assets See Part IV, line 11		244,001,713	15	214,827,920
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		593,767,198	16	588,002,971
Liabilities	17	Accounts payable and accrued expenses		26,689,179	17	29,025,853
	18	Grants payable			18	
	19	Deferred revenue		207,650	19	4,643,782
	20	Tax-exempt bond liabilities		74,971,885	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			23	5,068,858
	24	Unsecured notes and loans payable to unrelated third parties		4,303,315	24	0
	25	Other liabilities Complete Part X of Schedule D		3,059,549	25	20,854,886
	26	**Total liabilities.** Add lines 17 through 25		109,231,578	26	59,593,379
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		484,535,028	27	528,405,642
	28	Temporarily restricted net assets		592	28	3,950
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		484,535,620	33	528,409,592
	34	Total liabilities and net assets/fund balances		593,767,198	34	588,002,971

Part XI Financial Statements and Reporting

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Morton Plant Hospital Association Inc

Employer identification number
59-0624462

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Additional Data

Software ID:
Software Version:
EIN: 59-0624462
Name: Morton Plant Hospital Association 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
Odalys 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
Peter Blumencranz Director	1 0	X						0	724,251	8,810
Stephen Mason Director	1 0	X						0	2,611,277	35,283
Glenn Waters Director, President MPM	1 0	X		X				0	782,965	32,941
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	10			X				0	391,163	12,930
Robert Lynch Director Cardiology Services	45 0				X			192,019	0	14,161
Diana Shand-Kreidler Director Surgical Services	45 0				X			173,823	0	22,870
Denton Crockett Jr Sr VP Ambulatory Services	10				X			0	596,194	23,981
Victor Hruszczyk VP Laboratory	10				X			0	313,326	26,519
John Couris COO North Bay Hospital	40 0				X			0	364,529	31,606
Harrel Ziecheck COO Morton Plant Hospital	40 0				X			0	503,670	21,162
Lisa Johnson VP Patient Care Services - MPM	10				X			0	395,165	19,475
Gail Bruce Manager Pharmacy	45 0					X		138,123	0	13,588
Patricia Savitsky Clinical Pharmacist	45 0					X		140,229	0	10,341
Charles Schlesman Clinical Pharmacist	45 0					X		142,585	0	17,572
Terry Karfonta Dir Patient Services - MP Rhb	45 0					X		144,786	0	15,314
Thomas Doria Director Patient Care - MPH	45 0					X		171,404	0	12,239
Philip Beauchamp Director, President MPM							X	0	3,296,961	15,575

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

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
CORPORATE ALLOCATION	81,028,192		81,028,192	
BAD DEBT EXPENSE	34,987,634	34,987,634		
ASSESSMENTS	5,936,829	5,936,829		
DIETARY	3,441,903	3,314,339	127,564	
MISCELLANEOUS	9,503,174	8,257,547	1,245,627	

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Morton Plant Hospital Association Inc

Employer identification number
59-0624462

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		30,476,776		30,476,776
b Buildings		286,217,715	128,005,738	158,211,977
c Leasehold improvements		6,382,575	1,797,425	4,585,149
d Equipment		179,750,160	126,714,312	53,035,848
e Other		34,274,653	543	34,274,110
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				280,583,860

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
Deposits	169,475
Physician Recruitment	119,765
Due from Affiliates	214,538,680
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	214,827,920

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	20,368,812
Deposits	7,500
Asset Retirement Obligation	478,574
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	20,854,886

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	517,817,883
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	484,204,103
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	33,613,780
4	Net unrealized gains (losses) on investments	4	13,150,463
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-5,371,046
9	Total adjustments (net) Add lines 4 - 8	9	7,779,417
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	41,393,197

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	522,290,225
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	13,150,463		
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	13,150,463
3	Subtract line **2e** from line **1**			3	509,139,762
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	8,678,121		
c	Add lines **4a** and **4b**			4c	8,678,121
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	517,817,883

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

1	Total expenses and losses per audited financial statements			1	480,897,028
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	480,897,028
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	3,307,075		
c	Add lines **4a** and **4b**			4c	3,307,075
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	484,204,103

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 $(5,371,046)
Part XII, Line 4b		Contributions on balance sheet $5,371,046 Revenues Netted with expenses $3,307,075 Total $8,678,121
Part XIII, Line 4b		Expenses Netted with Revenues $3,307,075

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Morton Plant Hospital Association Inc

Employer identification number
59-0624462

Part I Charity Care and Certain Other Community Benefits at Cost

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

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)	2	16,815	19,859,065	1,220,191	18,638,874	4 150 %
b Unreimbursed Medicaid (from Worksheet 3, column a)	2	41,444	42,455,019	30,684,933	11,770,086	2 620 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)	2	189	131,096	31,930	99,166	0 020 %
d **Total** Charity Care and Means-Tested Government Programs	6	58,448	62,445,180	31,937,054	30,508,126	6 790 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	43	17,349	874,381	0	874,381	0 190 %
f Health professions education (from Worksheet 5)	7	734	1,809,625	0	1,809,625	0 400 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)	2		149,511	0	149,511	0 030 %
i Cash and in-kind contributions to community groups (from Worksheet 8)	50	21,724	135,916	0	135,916	0 030 %
j **Total** Other Benefits	102	39,807	2,969,433	0	2,969,433	0 650 %
k **Total.** Add lines 7d and 7j	108	98,255	65,414,613	31,937,054	33,477,559	0

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 Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	7,435,730		
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	3,470,884		
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	136,190,614		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	141,189,470		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-4,998,856		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	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)
MORTON PLANT HOSPITAL 300 PINELLAS STREET CLEARWATER, FL 33756	X			X			X		
BARDMOOR EMERGENCY ROOM 8839 BRYAN DAIRY ROAD LARGO, FL 33777							X		
MORTON PLANT NORTH BAY HOSPITAL 6600 MADISON STREET NEW PORT RICHEY, FL 34652	X						X		
MORTON PLANT REHAB CENTER 400 CORBETT STREET BELLEAIR, FL 33756									REHAB FACILITY

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

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

N/A The Community Benefit report is available to the public

Bad debt expense of $34,987,634 was included on Form 990, Part IX, line 25, column (A), but subtracted for purposes of calculating the percentage in this column

Charity care and Means-Tested Government Programs costs (lines a through d) are determined using our cost accounting system, which captures all inpatients and outpatients, including emergency room patients The system also captures all patient pay types - private insurance, Medicare, Medicaid, uninsured and self pay The costs have been offset by any payments received from Medicaid or any other uncompensated care program Other Benefits at cost (lines e through j) were compiled by the community health department using the Catholic Health Association Guide for Planning and Reporting Community Benefits

The organization's financial statements do not include a footnote directly on bad debt expense Bad debt expense at cost was calculated by the ratio of cost to charge method, using data from Schedule H Total expense of the organization is reduced by the community benefit expenses reported on Part I, line 7 (column C), and gross patient revenue is reduced by the direct offsetting revenue reported on Part I, line 7 (column D) The resulting ratio of cost to charges is then applied to total bad debt expense of the organization, which calculates the bad debt expense at cost We believe the method described above understates the true cost of bad debt In many instances, bad debt results from non-payment co-pays and deductibles, which would not be at charges but at a lesser amount The state of Florida requires the patient to provide certain documentation in order to qualify for charity In cases where the patient has not responded to hospital requests or billing statement alerts, those accounts are processed as bad debt, if unpaid

Cost reports were used to report Medicare allowable costs Medicare defines allowable costs as those appropriate and helpful in developing and maintaining the operation of patient care facilities and activities It specifically excludes certain costs that are not directly related to patient care The Hospital incurs additional expense related to the provision of care to Medicare patients that Medicare has deemed non-allowable This additional expense includes costs of physician services (emergency on-call fees, hospitalist program, recruitment, etc), advertising costs, cafeteria costs for meals sold to visitors, etc The Hospital attempts to collect coinsurance and deductibles from Medicare beneficiaries To the extent collection efforts are unsuccessful, Medicare reimburses the hospital at 70% of unpaid amounts The following table reconciles the surplus or shortfall from Line 7 to the actual surplus or shortfall The additional costs were allocated to Medicare based upon Medicare's percentage of total allowable costs The unpaid coinsurance/deductibles were estimated using historical collection results Line 7 Surplus or (Shortfall) ($4,998,856) Additional Non-Allowable Costs and Unpaid/Non-reimbursed Coinsurance/Deductibles ($6,158,232) Total Surplus or (Shortfall) ($11,157,088)

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

N/A

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

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

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

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

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

Morton Plant Hospitals are in suburban settings serving parts of Pasco and Pinellas counties The average income is lower than both the state and national averages The population served is predominantly Caucasian, over age 65 and high-school or higher educated Hispanics are the second largest ethnic group representing 8% of the population 19% of the population is uninsured, 11% of individuals are below poverty rate and 12% are Medicaid eligible Morton Plant Hospitals are part of BayCare Health System that serves west central Florida The area served by Morton Plant Hospitals has 13 hospitals with 6 being Not-for Profit There are 6 federally designated medically underserved areas in Morton Plant Hospitals' service area With the service area expanding and the over 55 population expected to grow 11% in the next five years, the health care needs of our service area are expanding and changing The population served by Morton Plant Hospitals is expected to grow 4% in the next 5 years This expected growth is similar to the expected growth rate for the United States However, the population Age 55+ is expected to grow 11% in the next 5 years The community experiences higher incidence rates compared to the state of Florida in the following areas adults with asthma, HIV cases, AIDs cases, adults with high blood cholesterol, melanoma, asthma hospitalization, adult smokers, domestic violence, fully immunized kindergarteners and sexually transmitted diseases Based on Florida inpatient discharge data for the period of 10/01/08-09/30/09, the payor mix for the geographic area consists of 55 4% Medicare/Medicare HMO, HMO/PPO 21 0%, Medicaid/Medicaid HMO 11 7%, 5 9% SELF-PAY/UNDERINSURED, and 6 0% other

5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

N/A

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

The history of Morton Plant Hospital Association began in 1916 when Morton F Plant responded to the lack of hospitals and medical care in the area by helping the community raise funds needed to open a 20-bed hospital Morton Plant North Bay Hospital opened in 1965 in New Port Richey, Florida and was subsequently acquired by Morton Plant Hospital Association, Inc Today, Morton Plant Hospital Association continues in that same philosophy of improving the health of the community with two hospitals that set the standard for high-quality, compassionate care - Morton Plant in Clearwater, Florida and Morton Plant North Bay in New Port Richey, Florida Services are provided through more than 6,900 employees and 1,220 board-certified physicians Morton Plant Hospital For the 11th consecutive year, Morton Plant Hospital was named in the Thomson Reuters 100 Top Hospitals Cardiovascular Benchmarks study Morton Plant is the only hospital in the U S to have been named by the study all 11 years The Madonna Ptak Rehabilitation Center on the campus of Morton Plant Hospital was awarded the 2009 Step II National Quality Award The award recognizes long-term health care facilities that have demonstrated a continuous commitment to quality care Morton Plant Hospital was one of only 24 hospitals across the country selected to participate in Project BOOST, a program offered through the Society of Hospital Medicine to lower the number of patients being re-admitted to a hospital for the same condition or ailment within 30 days of discharge Morton Plant North Bay Hospital Morton Plant North Bay Hospital completed significant portions of construction on a three-story, patient wing that is part of a renovation and construction project intended to double the size of the hospital campus Morton Plant North Bay Hospital became the first BayCare hospital to implement Phase II of a seven-year, three-phase project to create a system-wide electronic medical record (EMR) Morton Plant North Bay Hospital was selected one of the Businesses of the Year at the Pasco Economic Development Council's 23rd Annual Business Appreciation Banquet Morton Plant North Bay won the Special Contribution award in the not-for-profit category The hospital was noted for its "expansion, new technology, clinical program development, sponsorships, nursing excellence, support of the under and uninsured and team member involvement within the community " The Morton Plant North Bay Hospital campus joined a Pasco County initiative toward supporting a healthy lifestyle by becoming a tobacco-free campus Morton Plant Hospitals were part of a project that screened more than 2,400 community members on many diseases and conditions, including balance disorders, high blood pressure, hearing health, skin cancer, cardiovascular disease and speech-language development The health screenings were conducted at many venues, such as recreation centers, senior expos and hospital-sponsored events In addition, Morton Plant Hospitals was involded in providing free athletic physicals to more than 130 Pinellas County high school students and 125 University of South Florida students Our comprehensive physicals included checks of height, weight, blood pressure, vision and lungs and a musculoskeletal exam Support Groups Morton Plant and Morton Plant North Bay provide free community support groups on a wide variety of topics ranging from sleep apnea to smoking cessation In 2009, more than a dozen active support groups met throughout Pasco and Pinellas counties including Alert, Well and Keeping Energetic (AWAKE) Support Group, Grief Support Group, Alzheimer's Caregiver's Support Group, Better Breathers Support Group, Breastfeeding Support Group, Cancer Patients' Hope and Support Group, Early Stage Alzheimer's Support Group for Patients, Implantable Cardiac Defibrillator Support Group, Look Good Feel Better Support Group, Men's Cancer Discussion Group, Smoking Cessation Support Group, Stroke Support Groups, Women's Cancer Support Group, Young Women's Cancer Support Group Community Lectures In 2009, Morton Plant and Morton Plant North Bay held lectures attended by more than 1,000 people on a variety of topics including asthma, breast cancer, cervical cancer, hearing health, sleep disorders, skin cancer, smoking prevention, speech-language development and sports safety Turley Family Health Center In addition to supporting area free clinics, Morton Plant has developed the Turley Family Health Center which provides care for a diverse group of patients of all ages without regard for their ability to pay Turley Family Health Center focuses on preventative medicine and well-care, pre-natal care, diabetes, high blood pressure, cancer and health screenings Turley's diagnostic and lab services include blood work, urinalysis, colorectal cancer screening, imaging tests including x-ray and mammogram, bone density scans, EKGs and exercise stress tests and lung function tests Faith Community Nursing Faith Community Nursing offers a unique partnership between two healing groups - Morton Plant and Morton Plant North Bay and faith communities in Pinellas and Pasco counties This nursing specialty takes a "whole person" approach to health care, promoting wellness of body, mind and spirit within the context of the values, beliefs and practices of a faith community Our faith community nurses work to improve congregational health by encouraging preventative care and referring parishioners to appropriate health resources Members of faith communities learn ways to take control of their own well-being and better manage their family's health In 2009, 88 nurses in their faith communities helped 16,000 parishioners, conducted 6,504 screenings and volunteered more than 18,000 hours Primary Care Recognizing that access to primary care physicians is central to the health and wellness of the community, Morton Plant has developed a group of approximately 39 physician offices with 90 board-certified or board-eligible physicians specializing in family medicine, internal medicine, pediatrics, geriatrics and gastroenterology Patients are encouraged to select a personal long-term care physician for preventive, acute and chronic problems Family Practice Residency Accredited by the Accreditation Council for Graduate Medical Education (ACGME) to prepare physicians for the independent practice of medicine, The University of South Florida (USF) Morton Plant Mease Family Medicine Residency Program educates family medicine physicians to provide exceptional patient-centered health care services Physicians in the USF-Morton Plant Mease Family Medicine Residency Program practice under the supervision of faculty physicians at the Turley Family Health Center In 2009, USF and Morton Plant Mease began a new Sports Medicine Fellowship program fully accredited by the Accreditation Council for Graduate Medical Education Indigent Diabetic Patient Follow-Up Care Program The Indigent Diabetic Patient Follow-Up Care Program offers one year of free health care to diabetic patients without health insurance Patients who qualify for the program are referred by their hospital physician (hospitalist) while they are receiving care at Morton Plant Hospital The goal of the program is to help patients without resources better manage their diabetes Upon discharge from Morton Plant Hospital, the patient receives one year of medical care through Turley Family Health Center, a Morton Plant Mease facility that offers comprehensive medical services with a focus on prevention and wellness to members of the community who may not otherwise receive health care All medications, supplies, and office visits are offered at no cost to the patient, and any conditions co-related to the disease are treated free of charge During the one year of free service, efforts are made to find permanent treatment options for the patient, as diabetes is an ongoing managed condition, requiring life long medication and monitoring Homeless Shelter Staffing Morton Plant Hospital provides a psychiatric Advanced Registered Nurse Practioner and two Licensed Practical Nurses to provide screening and other health services for a population of approximately 400 clients of the Homeless Emergency Project Immediate Care Urgent medical treatment can't wait In the evenings and on weekends, it's not always possible to see a family physician or appropriate to go to an emergency room That's where the Morton Plant Mease immediate care centers fit in the overall care of the community With two locations, the centers are open in the evenings and weekends to treat minor illnesses and injuries Cancer Care & Support Morton Plant offers many options to identify and treat breast, prostate, lung, brain, gynecologic and other cancers Our board-certified oncologists, radiologists and surgeons work to make the most advanced diagnostic and clinical procedures available In addition, Morton Plant and Morton

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

MORTON PLANT HOSPITAL ASSOCIATION filing is part of BayCare Health System, a leading community-based health care system in the Tampa Bay area with 10 not-for-profit hospitals, 20 ambulatory/outpatient facilities, 195 access sites, 200 Physicians and 18,400 employees Together, BayCare organizations provide a lifetime of expert medical care by connecting patients to a complete range of services, such as primary care, imaging, lab, behavioral health and home health care BayCare's hospitals are Mease Countryside, Mease Dunedin, Morton Plant, Morton Plant North Bay, St Anthony's, South Florida Baptist, and St Joseph's Hospitals St Joseph's Hospitals operate as one entity and file one Form 990, however it includes several distinct hospitals St Joseph's, St Joseph's Children's, St Joseph's Women's and St Joseph's Hospital-North BayCare was founded in 1997 when several of the area's not-for-profit hospitals came together united by a common Mission to improve the health of their communities through high-quality, community-based health care With BayCare, these hospitals created a unique model for a successful organization The system provides organizational and financial strength, which enables each hospital to stay focused on their shared Mission of serving the health care needs of the entire community, regardless of their ability to pay Each BayCare hospital provides charity care and unbilled community benefit services too This is an essential expression of BayCare's shared Mission In 2009, BayCare provided $157 million in community benefits, which includes $65 million in traditional charity care, $12 million in unbilled community services and $80 million in unreimbursed costs of Medicaid and county welfare programs BayCare's comprehensive network provides patients with increased access to services, such as emergency care, inpatient, outpatient and home health For example, BayCare HomeCare helps patients leave the hospital sooner and recover at home where they are more comfortable In 2009, HomeCare provided approximately 590,000 home health visits to more than 50,000 patients through 11 offices located throughout Florida Recognizing the need for mental health services, BayCare is the largest, not-for-profit provider of behavioral health services in west central Florida BayCare Behavioral Health offers inpatient, outpatient, in-home, residential treatment, support group and case management services BayCare's designated Baker Act-receiving facilities in Hillsborough, Pinellas and Pasco counties provide inpatient crisis stabilization and partial hospitalization programs as part of the continuum of mental health care BayCare also is the only organization in the Tampa Bay area that operates dedicated psychiatric emergency rooms at each of its hospital-based, Baker Act facilities In 2009, BayCare's Morton Plant Hospital became the first facility in the region to offer voluntary inpatient dual-diagnosis (co-occurring mental health and substance abuse) treatment linked to residential and aftercare services As one of the largest employers in the Tampa Bay area, BayCare also provides its hospitals with additional benefits, such as the creation of 500 new positions in 2009 and the ability to afford more capital projects through greater organizational efficiencies In addition, each facility can gain knowledge from best practices shared by other BayCare hospitals through a system-wide Quality program that helps drive higher performance to improve patient care, processes and technology In 2009, every BayCare hospital participated in the Fourth Annual Quality Sharing Day, an event designed to help employees share and learn best practices that were implemented elsewhere in the health system BayCare hospitals also benefit from faster technological advancements like the system-wide introduction of an electronic medical record (EMR) and a biometric patient identity program that uses cutting-edge, palm scanning technology Both of these projects provide more comprehensive access to patient records with the goal of improving patient safety BayCare has registered more than 360,000 patients through its biometric, palm-scanning registration and added more than 2 million patient records to its EMR repository Because of these two systems, a patient's medical record is now available at any BayCare hospital or facility With the scan of a palm, BayCare's facilities will be able access the patient's data and avoid duplicate information requests at different times in the care process An EMR also provides real-time communication and care-team coordination that can lead to a more complete picture of the patient's needs and better outcomes As part of the organization's commitment to the community, BayCare partners with Hillsborough Community College, University of Tampa, University of South Florida, Erwin Technical Center and St Petersburg College to help educate future nurses and health care professions In addition, BayCare is an organizational sponsor for the United Way of Tampa Bay's Hands on Tampa Bay The program provides volunteer support in a variety of service areas such as homelessness and hunger, education and literacy, children, youth, and family, seniors, animals and environment, and persons with disabilities BayCare also supports organizations that work to foster economic development in the Tampa Bay area These organizations include the Tampa Bay Partnership and the Pasco Economic Development Council Part VI, Line 8 A community benefit report is not required to be filed

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Morton Plant Hospital Association Inc

Employer identification number
59-0624462

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Pasco Economic Development Council16506 Point Village Drive Suite 101 Lutz, FL 33558	592031062	501(c)(3)	25,000				Pledge for new PEDC
West Pasco Chamber of Commerce5443 Main Street New Port Richey, FL 34652	590609498	501(c)(3)	15,000				2009 Chasco Fiesta
MPM Primary Care300 S Park Place Blvd ste 170 Clearwater, FL 33759	593140335	501(c)(3)	4,024,986				Residency Program

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

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

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

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

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

Identifier	Return Reference	Explanation
Form 990, Schedule I	Description of Organization's Procedures for Monitoring the Use of Grants	MORTON PLANT HOSPITAL ASSOCIATION IS COMMITTED TO ASSISTING NON-PROFIT ORGANIZATIONS WHOSE FOCUS IS TO IMPROVE THE HEALTH & WELLNESS OF THE COMMUNITIES WE SERVE MORTON PLANT MEASE'S SENIOR MANAGEMENT TEAM REVIEWS EACH CASH DONATION REQUEST TO DETERMINE WHETHER THE ORGANIZATION IS ONE WE WANT TO DONATE TO, BASED ON THE ORGANIZATION'S MISSION, NON-PROFIT STATUS, AND USAGE OF FUNDS ONCE APPROVED, WE REQUIRE PROPER DOCUMENTATION FROM THE ORGANIZATION OF ITS NON-PROFIT STATUS, AND AS NEEDED, FOLLOW-UP WITH THE ORGANIZATION TO ENSURE THE ACTIVITY OCCURRED

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Morton Plant Hospital Association Inc

Employer identification number
59-0624462

Part I Questions Regarding Compensation

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

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

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

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

(A) Name	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
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	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 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 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 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 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 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 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 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
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 Information	Part I, line 7	80 percent of the incentive compensation for which an individual is eligible would be considered fixed based on the instructions 20 percent would be considered non-fixed and is based on the discretion of the employee's immediate supervisor

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 59-0624462
Name: Morton Plant Hospital Association 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				
Peter Blumencranz	(I)	0	0	0	0	0	0	0
	(II)	717,891	0	6,360	5,862	2,948	733,061	0
Stephen Mason	(I)	0	0	0	0	0	0	0
	(II)	924,854	410,673	1,275,750	12,152	23,131	2,646,560	296,668
Glenn Waters	(I)	0	0	0	0	0	0	0
	(II)	597,325	172,000	13,640	18,147	14,794	815,906	0
Philip Beauchamp	(I)	0	0	0	0	0	0	0
	(II)	509,223	245,401	2,542,337	3,578	11,997	3,312,536	0
Carl Tremonti	(I)	0	0	0	0	0	0	0
	(II)	190,976	50,554	6,402	41,679	7,072	296,683	0
Christopher Winters	(I)	0	0	0	0	0	0	0
	(II)	137,351	10,393	243,419	969	11,961	404,093	0
Robert Lynch	(I)	161,029	19,500	11,490	7,120	7,041	206,180	0
	(II)	0	0	0	0	0	0	0
Diana Shand-Kreidler	(I)	150,677	21,823	1,323	8,498	14,372	196,693	0
	(II)	0	0	0	0	0	0	0
Denton Crockett Jr	(I)	0	0	0	0	0	0	0
	(II)	391,543	122,129	82,522	14,527	9,454	620,175	0
Victor Hruszczyk	(I)	0	0	0	0	0	0	0
	(II)	200,513	58,270	54,543	14,986	11,533	339,845	0
John Couris	(I)	0	0	0	0	0	0	0
	(II)	236,553	71,680	56,296	19,768	11,838	396,135	0
Harrel Ziecheck	(I)	0	0	0	0	0	0	0
	(II)	325,746	93,740	84,184	12,250	8,912	524,832	0
Lisa Johnson	(I)	0	0	0	0	0	0	0
	(II)	254,221	73,167	67,777	7,509	11,966	414,640	7,947
Gail Bruce	(I)	124,569	8,362	5,192	6,727	6,861	151,711	0
	(II)	0	0	0	0	0	0	0
Patricia Savitsky	(I)	133,258	490	6,481	7,023	3,318	150,570	0
	(II)	0	0	0	0	0	0	0
Charles Schlesman	(I)	141,978	490	117	7,119	10,453	160,157	0
	(II)	0	0	0	0	0	0	0
Terry Karfonta	(I)	132,182	12,400	204	6,406	8,908	160,100	0
	(II)	0	0	0	0	0	0	0
Thomas Doria	(I)	151,467	18,808	1,129	8,236	4,003	183,643	0
	(II)	0	0	0	0	0	0	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

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

OMB No 1545-0047

2009

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Name of the organization
Morton Plant Hospital Association Inc

Employer identification number
59-0624462

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
MFP Inc dba Financial Credit Servi	See Schedule O	441,474	Fees for Collection Services		No

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Morton Plant Hospital Association Inc

Employer identification number
59-0624462

Identifier	Return Reference	Explanation

Identifier	Return Reference	Explanation
Supplemental Information		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 Morton Plant Hospital Association, 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 Morton Plant Mease Health Care, Inc such that at all times the Board is comprised of all of the members of the Board of Directors of the Member 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 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 Morton Plant Hospital Association, Inc has two separate conflict of interest procedures, one that relates to Board members and another that relates to non-board member employees Both groups are required on an annual basis to complete, sign and file an annual disclosure statement detailing existing or potential conflicts of interests For Board members, the review of conflicts or potential conflicts occurs at the Board or committee level After disclosure of the Board Member's or Committee Member's actual or potential conflict, the following procedures for addressing the conflict of interest will be adhered to by each Board and all Committees with Board delegated powers, without exception 1 The interested Director or Committee member shall leave the Board or Committee meeting while the conflict of interest issue is discussed 2 The remaining Board or Committee Members shall decide if a conflict of interest exists 3 If a conflict of interest is deemed to exist a The Chairperson of the Board or Committee shall, if appropriate, appoint a disinterested individual or committee to investigate the proposed transaction or arrangement b The Board or Committee shall determine whether the BayCare entity can obtain a more advantageous transaction or arrangement with reasonable efforts from an individual or entity that would not give rise to a conflict of interest c If a more advantageous transaction or arrangement is not reasonably available, the Board or Committee shall determine whether the transaction or arrangement is in the BayCare entity's best interest, and whether the transaction is fair and reasonable to BayCare An interested Director or Committee Member shall not vote, participate in, influence or attempt to influence any determination or proceedings The Director or Committee Member may, however, respond to questions posed by the Board or Committee regarding the contract or transaction Any such contract or transaction must be authorized by a vote of at least two-thirds (2/3) of the Directors or Committee Members entitled to vote at a meeting at which a quorum was present Any interested Director or Committee Member may not be counted in determining the existence of a quorum For employees, the review of conflicts of interest or potential conflicts goes to the Conflict of Interest Determination Committee This committee consists of BayCare Chief Compliance Officer, the Corporate Responsibility Officers, and the BayCare Vice President of Team Resources This committee shall determine if an actual conflict exists and any action required to address the conflict of interest situation

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

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Morton Plant Hospital Association Inc

Employer identification number
59-0624462

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
BayCare Health System Inc 16255 Bay Vista Drive Clearwater, FL 33760 59-2796965	Support srvcs	FL	501(c)(3)	11A	
Morton Plant Hospital Auxiliary Inc 300 Pinellas Street Clearwater, FL 33756 59-6211662	Volunteering	FL	501(c)(3)	11C	
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 srvcs	FL	501(c)(3)	11B	
Trustees of Mease Hospital Inc 601 Main Street Dunedin, FL 34698 59-0855412	Health srvcs	FL	501(c)(3)	3	
Morton Plant Mease Health Services Inc 8452 118th Ave N Largo, FL 33773 59-2600684	Health srvcs	FL	501(c)(3)	3	
Morton Plant Mease Primary Care Inc 300 S Park Place Blvd Ste 170 Clearwater, FL 33759 59-3140335	Health srvcs	FL	501(c)(3)	9	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
Access Medical South LC 8452 118th Ave North Largo, FL33773 59-3488553	Medical equipment	FL		Related	58,548	696,655		No		Yes	
Medical Specialist Associates of Florida 8452 118th Ave N Largo, FL33773 81-0656333	Health srvcs	FL									
Sleep Disorders Clinic LLC 430 Morton Plant Street Clearwater, FL33756 90-0197772	Sleep services	FL		Related	44,536	113,742		No		Yes	
The Pinellas Neuro-Ortho Spine Group LL 601 Main Street Dunedin, FL34698 83-0420933	neuro/ortho srvcs	FL									
Trinity Surgery Center LLC 2102 Trinity Oaks Blvd New Port Richey, FL34655 02-0656933	Health srvcs	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 Dr Clearwater, FL33760 68-0587533	Health srvcs	FL		C corp			
MFP Inc 628 Bypass Road Clearwater, FL33764 59-2374569	Collections srvcs	FL		C corp			
Morton Plant Health Ventures Inc 8452 118th Avenue North Largo, FL33773 59-2728600	Health srvcs	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

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

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

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

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

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

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

Additional Data

Return to Form

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

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
BayCare Health System Inc 16255 Bay Vista Drive Clearwater, FL33760 59-2796965	Support srvcs	FL	501(c)(3)	11A	
Morton Plant Hospital Auxiliary Inc 300 Pinellas Street Clearwater, FL33756 59-6211662	Volunteering	FL	501(c)(3)	11C	
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 srvcs	FL	501(c)(3)	11B	
Trustees of Mease Hospital Inc 601 Main Street Dunedin, FL34698 59-0855412	Health srvcs	FL	501(c)(3)	3	
Morton Plant Mease Health Services Inc 8452 118th Ave N Largo, FL33773 59-2600684	Health srvcs	FL	501(c)(3)	3	
Morton Plant Mease Primary Care Inc 300 S Park Place Blvd Ste 170 Clearwater, FL33759 59-3140335	Health srvcs	FL	501(c)(3)	9	