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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)	OMB No 1545-0047 2009 Open to Public Inspection
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009				
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Morton Plant Mease Health Care Inc		D Employer identification number 59-2374556
		Doing Business As		E Telephone number (727) 462-7878
		Number and street (or P O box if mail is not delivered to street address) PO Box 210	Room/suite	G Gross receipts \$ 2,921,319,610
		City or town, state or country, and ZIP + 4 Clearwater, FL 33757		
		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
I Tax-exempt status ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527		H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions)		
J Website: www.mpmhealth.com		H(c) Group exemption number		
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other			L Year of formation 1983	M State of legal domicile FL

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities Morton Plant Mease Health Care 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 2		
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 2		
	5 Total number of employees (Part V, line 2a) 5 85		
	6 Total number of volunteers (estimate if necessary) 6		
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . 7a		
	b Net unrelated business taxable income from Form 990-T, line 34 . . . 7b		
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	307,057	321,582
	9 Program service revenue (Part VIII, line 2g)	76,632,686	79,525,345
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,640,252	-14,595,989
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	944,516	1,054,330
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	89,524,511	66,305,268	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	200,000	8,016,566
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	40,219,437	44,555,025
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ☒ 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	41,946,044	40,738,988
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	82,365,481	93,310,579
	19 Revenue less expenses Subtract line 18 from line 12	7,159,030	-27,005,311
	Net Assets or Fund Balances		Beginning of Current Year
20 Total assets (Part X, line 16)		547,498,556	656,953,322
21 Total liabilities (Part X, line 26)		579,912,408	609,139,425
22 Net assets or fund balances Subtract line 21 from line 20		-32,413,852	47,813,897

Part II		Signature Block			
Sign Here	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				
	Signature of officer		2010-11-11 Date		
	CARL TREMONTI CFO Type or print name and title				
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed ☒	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 BOULEVARD SUITE 1000 ATLANTA, GA 30308		EIN		
			Phone no (404) 874-8300		

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization’s mission

Morton Plant Mease Health Care 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 \$

76,142,138

including grants of \$

8,016,566

) (Revenue \$

80,579,675

)

Morton Plant Mease Health Care, Inc ’s primary function is to provide support services to various tax-exempt related entities including Morton Plant Hospital Association, Inc , Trustees of Mease Hospital, Inc , Morton Plant Mease Health Services, Inc , and Morton Plant Mease Primary Care, Inc The types of support services provided to these entities include executive management, information services, finance, human resources, benefits, business offices, administration, community affairs, strategic development, medical affairs, transcription, switchboard, clinical research, social services, managed care, etc In addition to administrative support services, Morton Plant Mease Health Care, Inc also provides facility space primarily for Morton Plant Mease Health Services, Inc

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

\$

76,142,138

Form 990 (2009)

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, line 10? 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?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 	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	Yes
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	No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	201		
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	854		
	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
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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		No
9 Sponsoring organizations maintaining donor advised funds.					
a Did the organization make any taxable distributions under section 4966?			9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12			10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b		
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders			11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b		

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	21	
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	Yes	
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	Yes	
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

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

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

Form **990** (2009)

1b Total	8,138,670	5,183,544	305,166
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **45**

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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
JLG Medical Transcription Services PO Box 25374 TAMPA, FL 33622	Transcription Svcs	421,474
MacFarlane Ferguson McMullen PO Box 1531 TAMPA, FL 33601	Attorney Services	395,447
Digital Legal Tampa LLC 100 North Tampa Street Suite 2175 TAMPA, FL 33602	Processing srvc	367,585
Ruden McClosky PO Box 1900 FORT LAUDERDALE, FL 33302	Attorney Services	358,923
YMCA OF TAMPA BAY INC 655 2EN AVE ST PETERSBURG, FL 33701	CHILDCARE SRVC	718,300

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 **25**

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					
	e	Government grants (contributions)	1e	238,400				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	83,182				
	g	Noncash contributions included in lines 1a-1f \$ ⁰						
	h	Total. Add lines 1a-1f			321,582			
Program Service Revenue			Business Code					
	2a	HOSPITAL PATIENT CARE	621,990	4,131,775	4,131,775			
	b	MEDICARE/MEDICAID NET REVENUE	621,990	1,376,800	1,376,800			
	c	SUPPORT SERVICES	561,000	74,016,770	74,016,770			
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			79,525,345			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			16,388,427		16,388,427	
	4	Income from investment of tax-exempt bond proceeds . . .			0			
	5	Royalties			0			
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
		2,824,029,926						
		2,855,014,342						
		-30,984,416						
	d	Net gain or (loss)			-30,984,416			
	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	COMMUNITY AFFAIRS		621,990	116,320	116,320			
b	MISCELLANEOUS		621,990	938,010	938,010			
c								
d	All other revenue							
e	Total. Add lines 11a-11d			1,054,330				
12	Total revenue. See Instructions			66,305,268	80,579,675		16,388,427	

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	8,016,566	8,016,566		
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	2,296,204	779,521	1,516,683	
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	33,760,448	32,098,594	1,661,854	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,516,313	1,441,673	74,640	
9	Other employee benefits	4,831,139	4,593,327	237,812	
10	Payroll taxes	2,150,921	2,026,988	123,933	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	1,740,405		1,740,405	
c	Accounting	8,491		8,491	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	1,765,834		1,765,834	
g	Other	5,531,251	4,261,244	1,270,007	
12	Advertising and promotion	1,068,167	1,054,932	13,235	
13	Office expenses	1,867,535	566,035	1,301,500	
14	Information technology	559,997	559,997		
15	Royalties	0			
16	Occupancy	3,553,623	3,553,623		
17	Travel	713,381	475,714	237,667	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	62	62		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	12,496,506	12,496,506		
23	Insurance	631,830	51,985	579,845	
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	DIETARY	873,701	869,647	4,054	
b	TRANSCRIPTION FEES	848,200	848,200		
c	CORPORATE ALLOCATION	6,629,503		6,629,503	
d	BAD DEBT EXPENSE	275,602	275,602		
e	MISCELLANEOUS	2,174,900	2,171,922	2,978	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	93,310,579	76,142,138	17,168,441	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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			11,690,863	1	8,128,741
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			560,880	4	392,060
	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	330,463
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			275,881	9	269,743
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	19,425,171			
	b	Less accumulated depreciation	10b	15,092,342	5,909,087	10c	4,332,829
	11	Investments—publicly traded securities			272,674,491	11	339,525,793
	12	Investments—other securities See Part IV, line 11			175,974,353	12	220,753,881
	13	Investments—program-related See Part IV, line 11			1,356,709	13	83,099,571
	14	Intangible assets				14	116,787
	15	Other assets See Part IV, line 11			79,056,292	15	3,454
	16	Total assets. Add lines 1 through 15 (must equal line 34)			547,498,556	16	656,953,322
Liabilities	17	Accounts payable and accrued expenses			8,494,119	17	10,522,616
	18	Grants payable				18	
	19	Deferred revenue			208,090	19	447,404
	20	Tax-exempt bond liabilities				20	
	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	
	24	Unsecured notes and loans payable to unrelated third parties			130,480	24	0
	25	Other liabilities Complete Part X of Schedule D			571,079,719	25	598,169,405
	26	Total liabilities. Add lines 17 through 25			579,912,408	26	609,139,425
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			-99,768,529	27	-21,509,747
	28	Temporarily restricted net assets			46,273,659	28	47,323,694
	29	Permanently restricted net assets			21,081,018	29	21,999,950
	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			-32,413,852	33	47,813,897
	34	Total liabilities and net assets/fund balances			547,498,556	34	656,953,322

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? . .		No
b Were the organization's financial statements audited by an independent accountant? 	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 . . .	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? 		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 . .		

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 Mease Health Care Inc	Employer identification number 59-2374556
--	--

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

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

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☒

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

a

☐

Type I

b

☒

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☒

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

f

☐

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

g

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									68,125,574

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 IIISupport 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
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public 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
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						

14First 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

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

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment 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: 59-2374556

Name: Morton Plant Mease Health Care 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						36,425	0	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						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						1,400	0	0
Patricia Ryan Director	1 0	X						0	0	0
Robert Stein MD Director	1 0	X						8,636	0	0
Michael Williamson MD Director	1 0	X						0	0	0
Stephen Mason Director	1 0	X						0	2,611,277	35,283
Peter Blumencranz Director	45 0	X						724,251	0	8,810
Glenn Waters Director, President MPM	40 0	X		X				782,965	0	32,941
Carl Tremonti CFO - Morton Plant Mease	40 0			X				247,932	0	48,751

Additional Data

Software ID:
Software Version:
EIN: 59-2374556
Name: Morton Plant Mease Health Care Inc

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
MP HOSPITAL ASSOCIATION	590624462	03	Yes						38357102
MPM HEALTH CARE FOUNDATION	591751535	09	Yes						0
MPM HEALTH SERVICES	592600684	03	Yes						997794
TRUSTEES OF MEASE	590855412	03	Yes						28576761
MPM PRIMARY CARE INC	593140335	09	Yes						193917

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	40 0			X				391,163	0	12,930
Tommy Inzina Chief Admin Officer/CFO	1 0				X			0	1,257,522	29,738
Stephen Jacobs Physician	1 0				X			0	1,314,745	24,518
Lisa Johnson VP Patient Care Services - MPM	40 0					X		395,165	0	19,475
Eric Borock Staff Physician	45 0					X		420,349	0	10,954
Harrel Ziecheck COO Morton Plant Hospital	1 0					X		503,670	0	21,162
Louis Astra Staff Physician	45 0					X		617,788	0	24,270
Donald Pocock Chief Medical Officer	45 0					X		711,965	0	20,759
Philip Beauchamp Director, President MPM							X	3,296,961	0	15,575

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

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
DIETARY	873,701	869,647	4,054	
TRANSCRIPTION FEES	848,200	848,200		
CORPORATE ALLOCATION	6,629,503		6,629,503	
BAD DEBT EXPENSE	275,602	275,602		
MISCELLANEOUS	2,174,900	2,171,922	2,978	

SCHEDULE D
(Form 990)

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Morton Plant Mease Health Care Inc

Employer identification number
59-2374556

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

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
1c	
1d	
1e	
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		1,520,852		1,520,852
b Buildings		769,038	130,079	638,959
c Leasehold improvements		40,523	9,919	30,604
d Equipment		17,066,031	14,952,344	2,113,687
e Other		28,727		28,727
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				4,332,829

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	66,305,268
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	93,310,579
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-27,005,311
4	Net unrealized gains (losses) on investments	4	117,661,807
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	15,109,130
9	Total adjustments (net) Add lines 4 - 8	9	132,770,937
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	105,765,626

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	114,495,313
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	117,661,807
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	7,268,285
e	Add lines 2a through 2d	2e	124,930,092
3	Subtract line 2e from line 1	3	-10,434,779
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	76,740,047
c	Add lines 4a and 4b	4c	76,740,047
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	66,305,268

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	8,729,689
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	8,729,689
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	84,580,890
c	Add lines 4a and 4b	4c	84,580,890
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	93,310,579

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		Change in Interest in Foundation \$7,268,285 Grants in Net Assets \$7,840,845 Total \$15,109,130
Part XII, Line 2d		Change in Interest in Foundation 7,268,285
Part XII, Line 4b		Revenues netted with expenses \$76,740,046
Part XIII, Line 4b		Expenses netted with revenues \$76,740,046 Grants in Net Assets \$7,840,845 Total \$84,580,891

Additional Data

Software ID:

Software Version:

EIN: 59-2374556

Name: Morton Plant Mease Health Care Inc

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

(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
HARBORVEST FUND VII	7,349,660	C
HARBORVEST FUND VIII	8,502,099	C
OAKTREE CAPITAL MMGT	29,754,109	F
LSV EMERGING MARKETS	22,719,832	F
MONDRIAN INT'L SMALL CAP	21,911,341	F
BLACKSTONE	10,997,800	F
NTGI SP 500 FD NL	314,082	F
NTGI SP 500 FD	78,774,721	F
NTGI AGG BD FD	40,430,237	F

[illegible]**Schedule F (Form 990) 2009**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

Complete this part to provide the information required in Part I, line 2, and any additional information.

[illegible]

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 Mease Health Care Inc

Employer identification number
59-2374556

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
Clearwater Free Clinic707 N Ft Harrison Ave Clearwater, FL 33755	591852871	501(c)(3)	100,000				Clearwater Free Clinic ARNP Program
Morton Plant Mease Foundation1200 Druid Road South Clearwater, FL 33756	591751535	501(c)(3)	31,821				Family Care Fund Match
Susan G Komen Race for the CurePO Box 12848 St Petersburg, FL 33733	751835298	501(c)(3)	7,500				2009 Silver Sponership
Morton Plant Mease Primary Care300 S Park Place Blvd Ste 170 Clearwater, FL 33759	593140335	501(c)(3)	7,840,845				RESIDENCY PROGRAM
Catholic Charities Diocese of St Petersburg1213 16th Street N St Petersburg, FL 33705	590875805	501(c)(3)	21,950				Respite Grant for the homeless

2

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

5

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.

[illegible]

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Morton Plant Mease Health Care Inc

Employer identification number

59-2374556

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	☒ 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?	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?		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?		No
b	Any related organization?		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?		No
b	Any related organization?		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	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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				
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
Peter Blumencranz	(i)	717,891	0	6,360	5,862	2,948	733,061	0
	(ii)	0	0	0	0	0	0	0
Philip Beauchamp	(i)	509,223	245,401	2,542,337	3,578	11,997	3,312,536	0
	(ii)	0	0	0	0	0	0	0
Glenn Waters	(i)	597,325	172,000	13,640	18,147	14,794	815,906	0
	(ii)	0	0	0	0	0	0	0
Carl Tremonti	(i)	190,976	50,554	6,402	41,679	7,072	296,683	0
	(ii)	0	0	0	0	0	0	0
Christopher Winters	(i)	137,351	10,393	243,419	969	11,961	404,093	0
	(ii)	0	0	0	0	0	0	0
Tommy Inzina	(i)	0	0	0	0	0	0	0
	(ii)	506,339	250,000	501,183	20,200	9,538	1,287,260	15,257
Stephen Jacobs	(i)	0	0	0	0	0	0	0
	(ii)	489,456	143,325	681,964	12,250	12,268	1,339,263	0
Lisa Johnson	(i)	254,221	73,167	67,777	7,509	11,966	414,640	7,947
	(ii)	0	0	0	0	0	0	0
Eric Borock	(i)	419,797	0	552	6,278	4,676	431,303	0
	(ii)	0	0	0	0	0	0	0
Harrel Ziecheck	(i)	325,746	93,740	84,184	12,250	8,912	524,832	0
	(ii)	0	0	0	0	0	0	0
Louis Astra	(i)	616,762	0	1,026	11,736	12,534	642,058	0
	(ii)	0	0	0	0	0	0	0
Donald Pocock	(i)	377,102	116,060	218,803	12,250	8,509	732,724	116,049
	(ii)	0	0	0	0	0	0	0

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. Philip Beauchamp - Participated in a supplemental nonqualified deferred compensation plan. During the year, Philip became 100% vested in his benefits. He had \$115,700 in benefits vest in 2009. This amount is included in Part II (B)(iii) other compensation. The plan made a cash distribution of \$42,180 in 2009. Glenn Waters - Participated in a supplemental nonqualified deferred compensation plan. He had \$0 in benefits vest in 2009. He had \$18,147 of nonvested benefits accrue during 2009. This amount is included in Part II Column C. 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. Tommy Inzina - Participated in a supplemental nonqualified deferred compensation plan. He had \$470,852 in benefits vest in 2009. This amount is included in Part II (B)(iii) other compensation. 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. 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. Donald Pocock - Participated in a supplemental nonqualified deferred compensation plan. During the year, Donald became 100% vested in his benefits. He had \$180,897 in benefits vest in 2009. This amount is included in Part II (B)(iii) other compensation. The plan made a cash distribution of \$65,937 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.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493315020430	
SCHEDULE O (Form 990)	Supplemental Information to Form 990				OMB No 1545-0047
					2009
	Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.				
Name of the organization Morton Plant Mease Health Care Inc				Employer identification number 59-2374556	

Identifier	Return Reference	Explanation
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Identifier	Return Reference	Explanation
Supplemental Information		Form 990, Part VI, Question 2 - Description of Relationships Stephen Jacobs is a key employee and Robert McGivney is a board member of the organization w ho have a business relationship unrelated to the filing organization Glenn Waters and Stephen Mason are both Board members of the Organization, as w ell as Board members of a taxable entity, w hich is an affiliate of the filing Organization Form 990, Part VI, Question 6 - Description of Classes of Members or Stockholders The members of Morton Plant Mease Health Care, Inc are the members of the Board of Directors Form 990, Part VI, Question 7a - Description of Classes of Persons and the Nature of Their Rights The Board Members shall be appointed by the Members at the Annual Meeting of the Board of Directors from nominees proposed by the Nominating Committee 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 w as previously provided to the Internal Revenue Service by letter dated July 1, 1997 The follow ing are reserved pow ers for both the Class I and Class II Corporate Members The Members reserve to themselves in their capacity as the corporate members of the Corporation the follow ing two categories of actions Class I Members Reserved Rights and Class II Members 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 netw orks 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 Bylaw s 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 limts 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 w hich have a value in excess of \$3 million, and w ith 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 w ith 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 Bylaw s 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 review ed by the CFO, as w ell as the organization's paid preparer A final copy of the Form 990 was review ed by a subcommittee of the Board of Directors Prior to filing w ith the IRS, a final copy of the Form 990 w ill be made available to the entire Board via a w eb portal Form 990, Part VI, Question 12c - Description of Process to Monitor Transactions for Conflicts of Interest Morton Plant Mease Health Care, 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 follow ing procedures for addressing the conflict of interest w ill be adhered to by each Board and all Committees w ith Board delegated pow ers, w ithout exception 1 The interested Director or Committee member shall leave the Board or Committee meeting w hile the conflict of interest issue is discussed 2 The remaining Board or Committee Members shall decide if a conflict of interest exists 3 If a conflict of 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 determne whether the BayCare entity can obtain a more advantageous transaction or arrangement w ith reasonable efforts from an individual or entity that w ould 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, how ever, respond to questions posed by the Board or Committee regarding the contract or transaction Any such contract or transaction must be authorized by a vote of at least tw o-thirds (2/3) of the Directors or Committee Members entitled to vote at a meeting at w hich a quorum w as present Any interested Director or Committee Member may not be counted in determining the existence of a quorum For employees, the review of conflicts of interest or potential conflicts goes to the Conflict of Interest Determination Committee This committee consists of BayCare 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 - 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 when compared against market standards The data reviewed comes from compensation studies that include comparable compensation for similarly qualified persons in functionally comparable positions at similarly situated organizations The organization keeps contemporaneous minutes of the compensation committees meetings and decisions A review of compensation was completed in 2009 Form 990, Part VI, Question 16b - Procedure to evaluate Joint Venture Arrangements The organization has a JV committee of subject matter experts who review potential arrangements with taxable joint ventures Included in their review is a review for compliance with relevant tax laws 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 Mease Health Care, Inc. does not make its governing documents, conflict of interest policy or financial statements available to the public Form 990, Part VII, Section A, Column B - Estimated hours worked 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 Hospital Assoc, Inc - 1 Carl Tremonti - Trustees of Mease Hospital, Inc - 1 Carl Tremonti - Morton Plant Hospital Assoc, Inc - 1 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 Hospital Assoc, Inc - 1 Christopher Winters - Morton Plant Mease Primary Care, Inc - 1 Chuck Riggs - Trustees of Mease Hospital, Inc - 1 Chuck Riggs - Morton Plant Hospital Assoc, Inc - 1 Chuck Riggs - Morton Plant Mease Health Services, Inc - 1 Donald Pocock - Morton Plant Mease Health Services, Inc - 1 Donald Pocock - Morton Plant Mease Primary Care, Inc - 1 Ed Armstrong - BayCare Health Systems, Inc - 1 Ed Armstrong - Trustees of Mease Hospital, Inc - 1 Ed Armstrong - Morton Plant Hospital Assoc, Inc - 1 Eli Freilich, MD - Trustees of Mease Hospital, Inc - 1 Eli Freilich, MD - Morton Plant Hospital Assoc, Inc - 1 Glenn Waters - BayCare Home Care, Inc - 1 Glenn Waters - Trustees of Mease Hospital, Inc - 1 Glenn Waters - Morton Plant Hospital Assoc, Inc - 1 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 Hospital Assoc, Inc - 40 Jim Cantonis - Trustees of Mease Hospital, Inc - 1 Jim Cantonis - Morton Plant Hospital Assoc, Inc - 1 King Hele - BayCare Behavioral Health, Inc - 1 King Hele - Behavioral Health Management Services, Inc - 1 King Hele - Trustees of Mease Hospital, Inc - 1 King Hele - Morton Plant Hospital Assoc, Inc - 1 Larry Morgan - BayCare Health Systems, Inc - 1 Larry Morgan - Trustees of Mease Hospital, Inc - 1 Larry Morgan - Morton Plant Hospital Assoc, Inc - 1 Lisa Johnson - Trustees of Mease Hospital, Inc - 1 Lisa Johnson - Morton Plant Hospital Assoc, Inc - 1 Mahesh Amn, MD - BayCare Health Systems, Inc - 1 Mahesh Amn, MD - Trustees of Mease Hospital, Inc - 1 Mahesh Amn, MD - Morton Plant Hospital Assoc, Inc - 1 Mel Ora - Trustees of Mease Hospital, Inc - 1 Mel Ora - Morton Plant Hospital Assoc, 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 Hospital Assoc, Inc - 1 Odalys Lara - BayCare Health Systems, Inc - 1 Odalys Lara - Trustees of Mease Hospital, Inc - 1 Odalys Lara - Morton Plant Hospital Assoc, 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 Hospital Assoc, Inc - 1 Peter Blumencranz - Trustees of Mease Hospital, Inc - 1 Peter Blumencranz - Morton Plant Hospital Assoc, Inc - 1 Peter Rossi, MD - Trustees of Mease Hospital, Inc - 1 Peter Rossi, MD - Morton Plant Hospital Assoc, Inc - 1 Philip Beauchamp - BayCare Home Care, Inc - 0 Philip Beauchamp - Trustees of Mease Hospital, Inc - 0 Philip Beauchamp - Morton Plant Hospital Assoc, 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 Hospital Assoc, Inc - 1 Robert Stein, MD - Trustees of Mease Hospital, Inc - 1 Robert Stein, MD - Morton Plant Hospital Assoc, Inc - 1 Sandip Patel - Trustees of Mease Hospital, Inc - 1 Sandip Patel - Morton Plant Hospital Assoc, Inc - 1 Sanjay Madan, MD - Trustees of Mease Hospital, Inc - 1 Sanjay Madan, MD - Morton Plant Hospital Assoc, Inc - 1 Stephen Jacobs - Morton Plant Mease Primary Care, Inc - 45 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 Hospital Assoc, 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 Hospital Assoc, Inc - 1 Tommy Inzina - BayCare Health Systems, Inc - 45 Tommy Inzina - BayCare Behavioral Health, Inc - 1 Tommy Inzina - BayCare Home Care, Inc - 1 Tommy Inzina - St Joseph's Health Care Center, Inc - 1 V Raymond Ferrara - BayCare Health Systems, Inc - 1 V Raymond Ferrara - Trustees of Mease Hospital, Inc - 1 V Raymond Ferrara - Morton Plant Hospital Assoc, Inc - 1 V Raymond Ferrara - Morton Plant Mease Health Services, Inc - 1 William Horne - Trustees of Mease Hospital, Inc - 1 William Horne - Morton Plant Hospital Assoc, Inc - 1 William Price - Trustees of Mease Hospital, Inc - 1 William Price - Morton Plant Hospital Assoc, Inc - 1

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
Global Health Care Inc 8452 118th Avenue North Largo, FL33773 59-1853449	Inactive	FL	N/A	C corp			
Medspecialists Inc 16255 Bay Vista Dr Clearwater, FL33760 68-0587533	Health srvc	FL	N/A	C corp			
MFP Inc 628 Bypass Road Clearwater, FL33764 59-2374569	Collection srvc	FL	N/A	C corp			
Morton Plant Health Ventures Inc 8452 118th Avenue North Largo, FL33773 59-2728600	Supporting srvc	FL	N/A	C corp	0	2,656,732	100 000 %

Part V

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

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

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

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

Yes

1g

Yes

1h

No

1i

No

1j

Yes

1k

Yes

1l

Yes

1m

No

1n

Yes

1o

No

1p

No

1q

Yes

1r

Yes

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

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

Schedule R (Form 990) 2009

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.

[illegible]

Software ID:

Software Version:

EIN: 59-2374556

Name: Morton Plant Mease Health Care Inc

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
BayCare Health System Inc 16255 Bay Vista Drive Clearwater, FL33760 59-2796965	Support srvc	FL	501(c)(3)	11A	
Morton Plant Hospital Association Inc 300 Pinellas Street Clearwater, FL33756 59-0624462	Health srvc	FL	501(c)(3)	3	
Morton Plant Hospital Auxiliary Inc 300 Pinellas Street Clearwater, FL33756 59-6211662	Volunteer srv	FL	501(c)(3)	11C	
Morton Plant Mease Health Care Foundatio 1200 Druid Road South Clearwater, FL33756 59-1751535	Fundraising	FL	501(c)(3)	11A	
Morton Plant Mease Health Services Inc 8452 118th Ave N Largo, FL33773 59-2600684	Health srvc	FL	501(c)(3)	3	
Morton Plant Mease Primary Care Inc 300 S Park Place Blvd Ste 170 Clearwater, FL33759 59-3140335	Health srvc	FL	501(c)(3)	9	
Trustees of Mease Hospital Inc 601 Main Street Dunedin, FL34698 59-0855412	Health srvc	FL	501(c)(3)	3	

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	Morton Plant Mease Health Care Foundation In	c	6,806,724
(2)	Morton Plant Hospital Association Inc	j	374,318
(3)	Trustees of Mease Hospital Inc	k	30,802,841
(4)	Morton Plant Hospital Association Inc	k	41,345,054
(5)	Morton Plant Mease Health Services Inc	k	1,075,520
(6)	Morton Plant Mease Primary Care Inc	k	209,023
(7)	Morton Plant Hospital Association Inc	n	1,256,279
(8)	Trustees of Mease Hospital Inc	n	638,827
(9)	Morton Plant Mease Health Services Inc	n	145,503
(10)	Trustees of Mease Hospital Inc	q	2,574,083
(11)	Morton Plant Hospital Association Inc	q	1,646,579
(12)	Morton Plant Mease Health Services Inc	r	440,405
(13)	Morton Plant Mease Primary Care Inc	r	208,037