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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

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

C Name of organization
MORTON PLANT MEASE HEALTH CARE FOUNDATION INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 1200 DRUID ROAD SOUTH | Room/suite

City or town, state or country, and ZIP + 4
CLEARWATER, FL 33756

D Employer identification number 59-1751535

E Telephone number (727) 462-7036

G Gross receipts $ 33,311,649

F Name and address of principal officer
HOLLY H DUNCAN MA CFRE
1200 DRUID ROAD SOUTH
CLEARWATER, FL 33756

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

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

H(c) Group exemption number ▶

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

J **Website:** ▶ WWW MPMF ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | L Year of formation 1977 | M State of legal domicile FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
RAISING PHILANTHROPIC SUPPORT FOR PROGRAMS OF FOUR HOSPITALS OF MORTON PLANT MEASE HEALTH 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	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	21
6	Total number of volunteers (estimate if necessary)	6	181
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	5,868,869	8,280,451
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	622,543	2,058,369
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	118,955	47,189
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,610,367	10,386,009
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,351,918	7,241,389
	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)	1,754,680	1,963,320
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,190,332		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,370,604	1,046,697
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	10,477,202	10,251,406
	19	Revenue less expenses Subtract line 18 from line 12	-3,866,835	134,603

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	90,384,404	95,898,457
	21	Total liabilities (Part X, line 26)	8,881,037	8,238,893
	22	Net assets or fund balances Subtract line 21 from line 20	81,503,367	87,659,564

Part II Signature Block

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

Sign Here

▶ ****** | 2011-05-19
Signature of officer | Date

▶ HOLLY H DUNCAN MA CFRE PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
CARR RIGGS INGRAM LLC	CARR RIGGS INGRAM LLC			

Firm's name ▶ CARR RIGGS & INGRAM LLC | Firm's EIN ▶

Firm's address ▶ 2111 DREW STREET
CLEARWATER, FL 337653215 | Phone no ▶ (727) 446-0504

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . ☑

1 Briefly describe the organization's mission

TO BE A CATALYST FOR IMPROVING THE HEALTH OF THE COMMUNITIES WE SERVE BY INSPIRING UNPARALLELED PHILANTHROPIC SUPPORT OF THE HOSPITALS OF MORTON PLANT MEASE HEALTH CARE THROUGH INNOVATION, DEDICATION AND COMPASSION THE HOSPITALS SUPPORTED ARE MORTON PLANT HOSPITAL ASSOCIATION, INC D/B/A MORTON PLANT HOSPITAL AND MORTON PLANT NORTH BAY HOSPITAL, AND TRUSTEES OF MEASE HOSPITAL, INC D/B/A MEASE DUNEDIN HOSPITAL AND MEASE COUNTRYSIDE HOSPITAL AND MORTON PLANT MEASE PRIMARY CARE, INC

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 $ 2,497,728 including grants of $ 2,269,408) (Revenue $)

PROVIDING SUPPORT TO ENHANCE QUALITY OF CLINICAL CARE FROM MORTON PLANT MEASE NURSES, PHYSICIANS AND VOLUNTEERS, INCLUDING DR GEORGE MORRIS' EARN AS YOU LEARN PROGRAM CONTRIBUTING TO THE SUCCESS OF 171 RNS, 185 LPNS, AND 299 PCTS, FAMILY MEDICINE RESIDENCY PROVIDING CLINICAL TRAINING FOR USF RESIDENTS PROVIDING PRIMARY CARE FOR 45,000 UNDERSERVED VISITS EACH YEAR, PHYSICIAN LEADERSHIP ACADEMY, IN COLLABORATION WITH ADVISORY BOARD, PROVIDING TRAINING FOR FUTURE PHYSICIAN LEADERS, PATIENT CENTERED MEDICAL HOME COORDINATING ALL ASPECTS OF PATIENT CARE THROUGH THE PRIMARY CARE PHYSICIAN, MULTIPLE NURSING SCHOLARSHIPS, CLINICAL PASTORAL EDUCATION PROVIDING CLINICAL TRAINING FOR CLERGY, AND VOLUNTEER WEEK RECOGNITION FOR 2,300 VOLUNTEERS GIVING 350,000 HOURS OF SERVICE ANNUALLY SEE SECTION O

4b (Code) (Expenses $ 2,026,776 including grants of $ 1,841,506) (Revenue $)

PROVIDING DISEASE SPECIFIC AND COMMUNITY OUTREACH PROGRAMS TO IMPROVE THE HEALTH OF THE COMMUNITY, INCLUDING EXPLORING THE CLINICAL UTILITY OF MOLECULAR MARKERS IN COLON, LUNG AND GYN CANCER PATIENTS, CAPSS PROGRAM PROVIDING SUPPORT TO CANCER PATIENTS AT NO COST, DIABETES CARE INCLUDING GESTATIONAL DIABETES AND TURLEY INDIGENT DIABETIC PROGRAMS, INDIGENT PRESCRIPTION PROGRAM ASSISTING UNDER-SERVED PATIENTS OBTAIN MEDICATIONS, COMMUNITY OUTREACH PARTNERSHIPS, INCLUDING HEP, CLEARWATER FREE CLINIC, GOOD SAMARITANS CLINIC, WILLA CARSON, AND LA CLINICA GUADALUPANA, MADONNA PTAK ALZHEIMER'S RESEARCH CENTER DEDICATED TO QUALITY OF LIFE FOR FAMILIES LIVING WITH MEMORY LOSS DISEASES, AND PALLIATIVE CARE FOCUSING ON PHYSICAL AND SPIRITUAL NEEDS OF HOSPITALIZED PATIENTS NEAR END OF LIFE SEE SECTION O

4c (Code) (Expenses $ 3,419,926 including grants of $ 3,130,475) (Revenue $)

PROVIDING CAPITAL SUPPORT TO THE HOSPITALS OF MORTON PLANT MEASE HEALTH CARE THROUGH THE 2ND CENTURY CAPITAL CAMPAIGN, INCLUDING THE CANCER-FOCUSED AXELROD PAVILION FEATURING AN EXPANDED SUSAN CHEEK NEEDLER BREAST CENTER AND RELOCATED CARLISLE IMAGING CENTER, RENOVATIONS TO MORTON PLANT'S GYN INPATIENT UNIT AS PART OF THE FIRST PHASE OF THE DOYLE WOMEN AND CHILDREN'S HEALTH INITIATIVE, EXPANSIONS AT MORTON PLANT NORTH BAY, INCLUDING THE NEW STARKEY MEDICAL TOWER, RENOVATIONS TO MEASE DUNEDIN'S AMBULATORY CARE UNIT AND FUTURE SURGERY DEPARTMENT, MURALS INSIDE THE PATIENT ROOMS ON MEASE COUNTRYSIDE'S PEDIATRIC ER UNIT, METIMAN PORTABLE SIMULATORS TO ENHANCE NURSING EDUCATION AND TRAINING, AND NEW MEDICAL RECLINERS IN THE MORGAN HEART HOSPITAL FOR RECOVERING OPEN HEART PATIENTS SEE SECTION O

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶$ 7,944,430

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
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	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
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, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
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	Yes	
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

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

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . ☐

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	34			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	1			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	21			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**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 instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**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**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
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**	0			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 25			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 23			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	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 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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		

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 ▶

MR LARRY HARMON
1200 DRUID ROAD SOUTH
CLEARWATER, FL 33756
(727) 462-7036

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

Check if Schedule O contains a response to any question in this Part VII . . . .

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) LISA ETHERIDGE ESQ DIRECTOR	3 00	X						0	0	0
(2) GLENN P BERGOFFEN VICE CHAIRMAN	6 00	X		X				0	0	0
(3) SHIRLEY LONG DIRECTOR	3 00	X						0	0	0
(4) MARK SMITHERMAN MD DIRECTOR	45 00	X						0	254,068	18,896
(5) THOMAS C NASH II ESQ CHAIRMAN	6 00	X		X				0	0	0
(6) NANCY RIDENOUR CPA TREASURER	6 00	X		X				0	0	0
(7) ROZ DOYLE DIRECTOR	3 00	X						0	0	0
(8) KEVIN MASON DIRECTOR	2 00	X						0	0	0
(9) GEORGE MORRIS MD DIRECTOR	2 00	X						0	0	0
(10) BRUCE F LAUER SECRETARY	3 00	X		X				0	0	0
(11) JAMES WATROUS DIRECTOR	2 00	X						0	0	0
(12) MARSHA M STARKEY DIRECTOR	3 00	X						0	0	0
(13) RUTH DUPONT DIRECTOR	3 00	X						0	0	0
(14) MICHAEL CONNOR DIRECTOR	1 00	X						0	0	0
(15) PHIL M HENDERSON DIRECTOR	2 00	X						0	0	0
(16) ROBERTO BELLINI MD DIRECTOR	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(17) DOUGLAS R BIRCH CPA DIRECTOR	2 00	X						0	0	0
(18) GLENN D WATERS DIRECTOR	45 00	X						0	1,004,822	27,028
(19) EARLE COOPER DIRECTOR	1 00	X						0	0	0
(20) ZENA LANSKY MD DIRECTOR	2 00	X						0	0	0
(21) SANDY MILLER DIRECTOR	1 00	X						0	0	0
(22) JUDY MITCHELL DIRECTOR	1 00	X						0	0	0
(23) PAUL PHILLIPS MD DIRECTOR	2 00	X						0	0	0
(24) HOLLY H DUNCAN MA CFRE PRESIDENT AND CEO	60 00			X				305,519	0	20,305
(25) LARRY F HARMON CPA V P /CFO	55 00			X				176,329	0	15,467
(26) MARTHA V MATULA CFP CFRE EXECUTIVE VICE PRESIDENT	60 00				X			196,684	0	15,901
(27) KATHLEEN A SIMON VICE PRESIDENT	60 00				X			160,153	0	11,673
(28) ERNESTINE SOETERIK-BEAN VICE PRESIDENT DEVELOPMENT	60 00					X		127,363	0	8,919
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								966,048	1,258,890	118,189

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 ▶5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶0

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	417,281				
	d Related organizations . . . 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	7,863,170				
	g Noncash contributions included in lines 1a-1f $	246,349				
	h **Total.** Add lines 1a-1f . . . . ▶		8,280,451			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . ▶					
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		1,800,723			1,800,723
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . ▶					

	(i) Real	(ii) Personal
6a Gross Rents		
b Less rental expenses		
c Rental income or (loss)		

d Net rental income or (loss) . . . . ▶				

	(i) Securities	(ii) Other
7a Gross amount from sales of assets other than inventory	22,916,549	
b Less cost or other basis and sales expenses	22,658,903	
c Gain or (loss)	257,646	

		(A)	(B)	(C)	(D)
7d Net gain or (loss) . . . . ▶		257,646			257,646
8a Gross income from fundraising events (not including $ 417,281 of contributions reported on line 1c) See Part IV, line 18 . . . a	279,984				
b Less direct expenses . . . b	254,384				
c Net income or (loss) from fundraising events . . ▶		25,600			25,600
9a Gross income from gaming activities See Part IV, line 19 . a	33,942				
b Less direct expenses . . . . b	12,353				
c Net income or (loss) from gaming activities . . . ▶		21,589			21,589
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 . . ▶					
Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d . . . . . . ▶					
12 **Total revenue.** See Instructions . . . ▶		10,386,009	0	0	2,105,558

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	7,241,389	7,241,389		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	902,031	186,721	398,698	316,612
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	691,131	143,223	161,139	386,769
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	115,548	23,930	40,604	51,014
9	Other employee benefits	158,712	32,870	55,771	70,071
10	Payroll taxes	95,898	19,860	33,699	42,339
a	Fees for services (non-employees) Management				
b	Legal	2,311		1,155	1,156
c	Accounting	44,040		44,040	
d	Lobbying				
e	Professional fundraising services *See Part IV, line 17* . .				
f	Investment management fees	239,179	63,566	175,613	
g	Other	279,876	121,731	9,485	148,660
12	Advertising and promotion	21,316	4,259	5,797	11,260
13	Office expenses	84,148	12,522	21,142	50,484
14	Information technology				
15	Royalties . .				
16	Occupancy	183,695	54,576	67,716	61,403
17	Travel	28,720	8,545	11,630	8,545
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	22,844	5,700	11,444	5,700
20	Interest	596		596	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	45,989	9,197	18,396	18,396
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	UNCOLLECTIBLE PLEDGES	51,863	10,373	31,117	10,373
b	MISCELLANEOUS	42,120	5,968	28,602	7,550
c					
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	10,251,406	7,944,430	1,116,644	1,190,332
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			550	1	550
	2	Savings and temporary cash investments			1,837,224	2	2,974,350
	3	Pledges and grants receivable, net			9,542,038	3	9,871,272
	4	Accounts receivable, net				4	
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			76,639	9	96,538
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a	1,712,651			
	b	Less accumulated depreciation	10b	1,172,080	570,811	10c	540,571
	11	Investments—publicly traded securities			48,290,708	11	49,309,829
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			30,066,434	15	33,105,347
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			90,384,404	16	95,898,457
Liabilities	17	Accounts payable and accrued expenses			318,354	17	370,072
	18	Grants payable				18	
	19	Deferred revenue				19	
	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				24	
	25	Other liabilities Complete Part X of Schedule D			8,562,683	25	7,868,821
	26	**Total liabilities.** Add lines 17 through 25			8,881,037	26	8,238,893
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			12,179,723	27	13,011,101
	28	Temporarily restricted net assets			47,323,693	28	51,569,495
	29	Permanently restricted net assets			21,999,951	29	23,078,968
		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			81,503,367	33	87,659,564
	34	Total liabilities and net assets/fund balances			90,384,404	34	95,898,457

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	10,386,009
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,251,406
3	Revenue less expenses Subtract line 2 from line 1	3	134,603
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	81,503,367
5	Other changes in net assets or fund balances (explain in Schedule O)	5	6,021,594
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	87,659,564

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . ☑

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

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

2010

Open to Public Inspection

Name of the organization
MORTON PLANT MEASE HEALTH CARE FOUNDATION INC

Employer identification number
59-1751535

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section **(see instructions)**)	(iv) Is the organization in col (i) listed in your governing document? Yes	No	(v) Did you notify the organization in col (i) of your support? Yes	No	(vi) Is the organization in col (i) organized in the U S ? Yes	No	(vii) Amount of support
(A) MORTON PLANT HOSPITAL ASSOCIATION INC	590624462	3	Yes		Yes		Yes		4,867,374
(B) TRUSTEES OF MEASE HOSPITAL INC	590855412	3	Yes		Yes		Yes		2,214,955
(C) MORTON PLANT MEASE PRIMARY CARE INC	593140335	3	Yes		Yes		Yes		159,060
Total									7,241,389

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2010.** 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—2009.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 59-1751535
Name: MORTON PLANT MEASE HEALTH CARE FOUNDATION 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	
(A) MORTON PLANT HOSPITAL ASSOCIATION INC	590624462	3	Yes		Yes		Yes		4867374
(B) TRUSTEES OF MEASE HOSPITAL INC	590855412	3	Yes		Yes		Yes		2214955
(C) MORTON PLANT MEASE PRIMARY CARE INC	593140335	3	Yes		Yes		Yes		159060

Additional Data

Software ID:
Software Version:
EIN: 59-1751535
Name: MORTON PLANT MEASE HEALTH CARE FOUNDATION 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			
LISA ETHERIDGE ESQ DIRECTOR	3 00	X						0	0	0
GLENN P BERGOFFEN VICE CHAIRMAN	6 00	X		X				0	0	0
SHIRLEY LONG DIRECTOR	3 00	X						0	0	0
MARK SMITHERMAN MD DIRECTOR	45 00	X						0	254,068	18,896
THOMAS C NASH II ESQ CHAIRMAN	6 00	X		X				0	0	0
NANCY RIDENOUR CPA TREASURER	6 00	X		X				0	0	0
ROZ DOYLE DIRECTOR	3 00	X						0	0	0
KEVIN MASON DIRECTOR	2 00	X						0	0	0
GEORGE MORRIS MD DIRECTOR	2 00	X						0	0	0
BRUCE F LAUER SECRETARY	3 00	X		X				0	0	0
JAMES WATROUS DIRECTOR	2 00	X						0	0	0
MARSHA M STARKEY DIRECTOR	3 00	X						0	0	0
RUTH DUPONT DIRECTOR	3 00	X						0	0	0
MICHAEL CONNOR DIRECTOR	1 00	X						0	0	0
PHIL M HENDERSON DIRECTOR	2 00	X						0	0	0
ROBERTO BELLINI MD DIRECTOR	2 00	X						0	0	0
DOUGLAS R BIRCH CPA DIRECTOR	2 00	X						0	0	0
GLENN D WATERS DIRECTOR	45 00	X						0	1,004,822	27,028
EARLE COOPER DIRECTOR	1 00	X						0	0	0
ZENA LANSKY MD DIRECTOR	2 00	X						0	0	0
SANDY MILLER DIRECTOR	1 00	X						0	0	0
JUDY MITCHELL DIRECTOR	1 00	X						0	0	0
PAUL PHILLIPS MD DIRECTOR	2 00	X						0	0	0
HOLLY H DUNCAN MA CFRE PRESIDENT AND CEO	60 00			X				305,519	0	20,305
LARRY F HARMON CPA V P /CFO	55 00			X				176,329	0	15,467

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) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
MARTHA V MATULA CFP CFRE EXECUTIVE VICE PRESIDENT	60 00				X			196,684	0	15,901
KATHLEEN A SIMON VICE PRESIDENT	60 00				X			160,153	0	11,673
ERNESTINE SOETERIK-BEAN VICE PRESIDENT DEVELOPMENT	60 00					X		127,363	0	8,919

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
MORTON PLANT MEASE HEALTH CARE FOUNDATION INC	59-1751535

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance	21,999,951	21,081,018	24,251,567		
b	Contributions	11,920	16,465	29,050		
c	Investment earnings or losses	1,067,097	902,468	-3,108,250		
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses			91,349		
g	End of year balance	23,078,968	21,999,951	21,081,018		

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

a Board designated or quasi-endowment ▶ 0 %

b Permanent endowment ▶ 87 000 %

c Term endowment ▶ 10 000 %

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)	Yes	
	(ii) related organizations	3a(ii)		No
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		272,045		272,045
b Buildings		1,063,622	823,837	239,785
c Leasehold improvements				
d Equipment		376,984	348,243	28,741
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				540,571

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

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

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

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

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

(a) Description	(b) Book value
(1) CASH SURRENDER VALUE LIFE INSURANCE	3,079,874
(2) EXTERNALLY CONTROLLED ENDOWMENTS	12,970,244
(3) INTEREST RECEIVABLE	110,303
(4) OTHER ASSETS	2,560,987
(5) REMAINDER INTEREST IN POOLED INCOME FUNDS	63,743
(6) REMAINDER INTEREST IN TRUST AND ESTATES	14,320,196
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	33,105,347

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
GIFT ANNUITY OBLIGATIONS	6,264,096
LIABILITY UNDER TRUST AGREEMENTS	1,604,725
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	7,868,821

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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	10,386,009
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,251,406
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	134,603
4	Net unrealized gains (losses) on investments	4	4,062,445
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	1,959,149
9	Total adjustments (net) Add lines 4 - 8	9	6,021,594
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	6,156,197

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

1	Total revenue, gains, and other support per audited financial statements			1	16,193,924
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	4,062,445		
b	Donated services and use of facilities	2b	25,500		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	1,959,149		
e	Add lines **2a** through **2d**			2e	6,047,094
3	Subtract line **2e** from line **1**			3	10,146,830
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	239,179		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	239,179
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	10,386,009

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

1	Total expenses and losses per audited financial statements			1	10,037,727
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	25,500		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	25,500
3	Subtract line **2e** from line **1**			3	10,012,227
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	239,179		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	239,179
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	10,251,406

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	FOR SCHEDULE D, PART V, THE ORGANIZATION FOLLOWS THE FINANCIAL STATEMENT PRESENTATION FOR ENDOWMENT FUNDS WHICH IS PREPARED IN ACCORDANCE WITH SFAS 116 & 117 WHICH REPORTS BOARD DESIGNATED AND TERM ENDOWMENTS UNDER TEMPORARILY RESTRICTED NET ASSETS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE FOUNDATION ADOPTED THE PROVISIONS OF ASC 740, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES" ON DECEMBER 31, 2009 AS A RESULT OF THE IMPLEMENTATION OF ASC 740, THE FOUNDATION HAS NOT RECOGNIZED ANY RESPECTIVE LIABILITY FOR UNRECOGNIZED TAX BENEFITS AS IT HAS NO KNOWN TAX POSITIONS THAT WOULD SUBJECT THE FOUNDATION TO ANY MATERIAL INCOME TAX EXPOSURE A RECONCILIATION OF THE BEGINNING AND ENDING AMOUNT OF UNRECOGNIZED TAX BENEFITS IS NOT INCLUDED, NOR IS THERE ANY INTEREST ACCRUED RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES AS THERE ARE NO UNRECOGNIZED TAX BENEFITS
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN SPLIT INTEREST AGREEMENTS
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN SPLIT-INTEREST AGREEMENTS

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MORTON PLANT MEASE HEALTH CARE FOUNDATION INC

Employer identification number
59-1751535

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and e-mail solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? **Yes**	**No**	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

			(a) Event #1 CHARITY BALL (event type)	(b) Event #2 GOLF TOURNEY (event type)	(c) Other Events 7 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1	Gross receipts	177,475	114,143	405,647	697,265
	2	Less Charitable contributions	130,200	46,000	241,081	417,281
	3	Gross income (line 1 minus line 2)	47,275	68,143	164,566	279,984
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs	1,125	9,855	7,664	18,644
	7	Food and beverages	4,934	17,330	48,857	71,121
	8	Entertainment			13,335	13,335
	9	Other direct expenses	30,418	32,458	88,408	151,284
	10	Direct expense summary Add lines 4 through 9 in column (d)				254,384
	11	Net income summary Combine lines 3 and 10 in column (d)				25,600

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1	Gross revenue			33,942	33,942
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes			12,353	12,353
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☑ No	
	7	Direct expense summary Add lines 2 through 5 in column (d)				12,353
	8	Net gaming income summary Combine lines 1 and 7 in column (d)				21,589

9 Enter the state(s) in which the organization operates gaming activities See Additional Data TableFL

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☑ No

b If "No," Explain
ORGANIZATION CONDUCTS RAFFLES AT CHARITY EVENTS

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☑ No

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers? . . . . ☐ Yes ☑ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . ☐ Yes ☑ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	
b An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . ☐ Yes ☑ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ____________________ and the amount of gaming revenue retained by the third party ▶ $ ____________________

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . ☐ Yes ☑ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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

2010

Open to Public Inspection

Name of the organization
MORTON PLANT MEASE HEALTH CARE FOUNDATION INC

Employer identification number
59-1751535

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. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MORTON PLANT HOSPITAL ASSOCIATION INC300 PINELLAS STREET CLEARWATER,FL 33756	59-0624462	501(C)(3)	4,867,374				SUPPORT OF ORGANIZATION
(2) TRUSTEES OF MEASE HOSPITAL INC300 PINELLAS STREET CLEARWATER,FL 33756	59-0855412	501(C)(3)	2,214,955				SUPPORT OF ORGANIZATION
(3) MORTON PLANT MEASE PRIMARY CARE INC300 PINELLAS STREET CLEARWATER,FL 33756	59-3140335	501(C)(3)	159,060				SUPPORT OF ORGANIZATION

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

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

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

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

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

Identifier	**Return Reference**	**Explanation**
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE PURPOSE OF THE MORTON PLANT MEASE HEALTH CARE FOUNDATION IS TO SUPPORT THE HEALTH CARE NEEDS OF MORTON PLANT HOSPITAL ASSOCIATION, INC D/B/A MORTON PLANT HOSPITAL AND MORTON PLANT NORTH BAY HOSPITAL, AND TRUSTEES OF MEASE HOSPITAL, INC D/B/A MEASE DUNEDIN HOSPITAL AND MEASE COUNTRYSIDE HOSPITAL AND MORTON PLANT MEASE PRIMARY CARE, INC GRANTS ARE ONLY MADE TO THESE ORGANIZATIONS TO SUPPORT THEIR EXEMPT PURPOSES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493158006701

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MORTON PLANT MEASE HEALTH CARE FOUNDATION INC

Employer identification number
59-1751535

Part I Questions Regarding Compensation

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

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

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

Note. The sum of columns (B)(i)-(iii) 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				
(1) MARK SMITHERMAN MD	(i)	0	0	0	0	0	0	0
	(ii)	252,773	0	1,295	11,825	7,071	272,964	0
(2) GLENN D WATERS	(i)	0	0	0	0	0	0	0
	(ii)	660,829	290,832	53,161	10,413	16,615	1,031,850	0
(3) HOLLY H DUNCAN MA CFRE	(i)	251,846	917	52,756	12,062	8,243	325,824	0
	(ii)	0	0	0	0	0	0	0
(4) LARRY F HARMON CPA	(i)	170,014	917	5,398	8,330	7,137	191,796	0
	(ii)	0	0	0	0	0	0	0
(5) MARTHA V MATULA CFP CFRE	(i)	190,255	917	5,512	9,355	6,546	212,585	0
	(ii)	0	0	0	0	0	0	0
(6) KATHLEEN A SIMON	(i)	154,797	917	4,439	7,758	3,915	171,826	0
	(ii)	0	0	0	0	0	0	0
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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
	PART I, LINE 5	A PORTION OF THE "TEAM AWARD" WAS BASED ON EXCEEDING EXPECTED REVENUES AND AMOUNTED TO 2% OF THE TOTAL AWARD AND LESS THAN 8% OF TOTAL COMPENSATION
SUPPLEMENTAL INFORMATION	PART III	QUALIFICATIONS OF KEY MEMBERS OF MANAGEMENT RECEIVING COMPENSATION PRESIDENT & CEO - HOLLY H DUNCAN, MA, CFRE, HAS MORE THAN 30 YEARS PROFESSIONAL FUNDRAISING EXPERIENCE IN THE TAMPA BAY MARKET IN HER 14 YEAR TENURE AT MORTON PLANT MEASE FOUNDATION, TOTAL ASSETS HAVE DOUBLED WHILE THE FOUNDATION HAS ALSO MADE OVER $100 MILLION IN GRANTS TO MORTON PLANT AND MEASE HOSPITALS VICE PRESIDENT & CFO - LARRY F HARMON, CPA, HAS MORE THAN 40 YEARS PROFESSIONAL ACCOUNTING EXPERIENCE IN BOTH FOR PROFIT AND NOT-FOR-PROFIT ORGANIZATIONS HE HAS BEEN WITH MORTON PLANT MEASE FOUNDATION FOR 14 YEARS AND IS RESPONSIBLE FOR NEARLY $100 MILLION IN ASSETS EXECUTIVE VICE PRESIDENT - MARTY MATULA, CFP, CFRE, HAS MORE THAN 25 YEARS OF PROFESSIONAL PLANNED GIVING EXPERIENCE CURRENTLY THE FOUNDATION'S PLANNED GIVING PORTFOLIO INCLUDES OVER 250 REVOCABLE COMMITMENTS AND 150 IRREVOCABLE GIFTS TOTALING OVER $80 MILLION IN EXPECTANCIES VICE PRESIDENT - KATHLEEN SIMON HAS MORE THAN 20 YEARS OF PROFESSIONAL MAJOR GIFT FUNDRAISING EXPERIENCE, OF WHICH 18 YEARS HAVE BEEN WITH MORTON PLANT MEASE FOUNDATION VICE PRESIDENT OF DEVELOPMENT - ERNESTINE SOETERIK-BEAN HAS 10 YEARS OF PROFESSIONAL FUNDRAISING EXPERIENCE, ALL AT MORTON PLANT MEASE FOUNDATION, WITH EXPERTISE IN MAJOR GIFTS, CORPORATE GIVING AND SPECIAL EVENTS MANAGEMENT

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MORTON PLANT MEASE HEALTH CARE FOUNDATION INC

Employer identification number
59-1751535

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art . . .				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications		[redacted]		
5 Clothing and household goods	X		6,250	APPRAISED VALUE
6 Cars and other vehicles .				
7 Boats and planes . . .				
8 Intellectual property . .				
9 Securities—Publicly traded	X	8	219,839	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial				
17 Real estate—Other . .				
18 Collectibles				
19 Food inventory	X	1	19,350	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ▶ (OTHER ITEMS)	X	2	910	ESTIMATED FAIR MARKET VALUE
26 Other ▶ (IRREV SPECIFIC BEQUEST IN REVC TR)	X	1	579,095	PRESENT VALUE OF FUTURE INTEREST
27 Other ▶( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29** 0

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b If "Yes," describe in Part II			
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II Supplemental Information.

Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MORTON PLANT MEASE HEALTH CARE FOUNDATION INC

Employer identification number
59-1751535

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE ORGANIZATION HAS MEMBERS THAT PARTICIPATE IN THE ELECTION OF THE GOVERNING BODY

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		ELECTION OF THE GOVERNING BODY IS DONE DURING AN ANNUAL MEETING

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE COMPLETED FORM 990 IS REVIEWED AND APPROVED BY THE FINANCE COMMITTEE PRIOR TO FILING WITH THE IRS A COPY OF THE APPROVED FORM 990 IS THEN SENT TO EACH BOARD MEMBER FOR REVIEW THE TREASURER, WHO IS ALSO CHAIR OF THE FINANCE COMMITTEE, THEN REVIEWS THE RETURN WITH THE BOARD OF DIRECTORS AT THE NEXT SCHEDULED BOARD MEETING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	BOARD OF DIRECTORS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST FORM ANNUALLY AT MONTHLY BOARD MEETINGS, THE CHAIRPERSON WILL ASK IF THERE ARE ANY CONFLICTS OF INTEREST

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	SALARIES OF ALL OFFICERS AND KEY EMPLOYEES WERE ALIGNED WITH INDEPENDENT MARKET STUDIES THROUGH CLARK CONSULTING SURVEY, AN INDEPENDENT COMPENSATION CONSULTANT, AND DEEMED REASONABLE BASED ON EXPERTISE AND EXPERIENCE OF INDIVIDUALS THE SALARY FOR THE PRESIDENT & CEO IS ESTABLISHED BY THE EXECUTIVE COMMITTEE OF THE FOUNDATION AND APPROVED BY THE BOARD OF DIRECTORS AND A CONTRACT IS EXECUTED OTHER OFFICERS AND KEY EMPLOYEE SALARIES ARE ESTABLISHED BY THE PRESIDENT AND CEO IN CONJUNCTION WITH THE INDEPENDENT SALARY SURVEY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE DOCUMENTATION IS AVAILABLE THROUGH A REQUEST VIA MAIL OR E-MAIL, OR UPON VERBAL OR WRITTEN REQUEST AT THE FOUNDATION'S OFFICE

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 4,062,445 CHANGE IN SPLIT INTEREST AGREEMENTS 1,959,149 TOTAL TO FORM 990, PART XI, LINE 5 6,021,594

Identifier	Return Reference	Explanation
		THE AUDIT REPORT IS REVIEWED AND APPROVED BY THE FINANCE COMMITTEE THE AUDITORS THEN PRESENT A COPY OF THE AUDIT REPORT TO THE BOARD OF DIRECTORS AT THE NEXT SCHEDULED BOARD MEETING WHERE IT IS REVIEWED AND APPROVED A COMPLETE COPY IS THEN SENT TO EACH BOARD MEMBER

Identifier	Return Reference	Explanation
	FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	MORTON PLANT MEASE HEALTH CARE FOUNDATION, INC PROVIDES PHILANTHROPIC SUPPORT TO THE NOT-FOR-PROFIT HOSPITALS OF MORTON PLANT MEASE HEALTH CARE, INCLUDING MORTON PLANT, CLEARWATER, MEASE DUNEDIN, DUNEDIN, MEASE COUNTRYSIDE, SAFETY HARBOR AND MORTON PLANT NORTH BAY, NEW PORT RICHEY BY THE END OF 2010, MORTON PLANT MEASE FOUNDATION HAD RAISED NEARLY $95 MILLION TOWARDS OUR $125 MILLION 2ND CENTURY CAPITAL CAMPAIGN GOAL OVER THE PAST DECADE, THE FOUNDATION HAS GRANTED MORE THAN $100 MILLION TO SUPPORT THE HOSPITALS OF MORTON PLANT MEASE HEALTH CARE OUR HOSPITALS WOULD HAVE TO EARN CLOSE TO $2 BILLION AT A FIVE PERCENT MARGIN TO NET THE AMOUNT OUR COMMUNITY HAS COLLECTIVELY CONTRIBUTED THANKS TO THE COMMUNITY'S GENEROSITY, IN 2010 THE FOUNDATION GRANTED OVER $7 2 MILLION IN CASH TO THE HOSPITALS OF MORTON PLANT MEASE, WHICH INCLUDED THE FOLLOWING PROGRAMS AND CAPITAL PROJECTS

Identifier	Return Reference	Explanation
EXPANDED DESCRIPTION OF GRANTS FROM 4A		DR GEORGE MORRIS EARN AS YOU LEARN NURSE PROGRAMS ($541,507) ADDRESSES THE ACUTE NURSING SHORTAGE BY PROVIDING NURSES AN HOURLY "STIPEND", WHICH ACTS AS A SALARY FOR THE STUDENT WHILE IN SCHOOL FAMILY MEDICINE RESIDENCY PROGRAM ($525,000) PROVIDES PHYSICIAN EDUCATION AND CLINICAL TRAINING TO 25 RESIDENTS AT THE TURLEY FAMILY HEALTH CENTER ELEANOR THOMPSON NURSING SCHOOL ($212,960) ADDRESSES THE NEED FOR QUALITY NURSING ASSISTANTS BY PROVIDING THE RESOURCES TO RECRUIT AND RETAIN THE BEST IN THE AREA TURLEY RESIDENCY PRIMARY CARE SPORTS MEDICINE FELLOWSHIP ($150,000) THE PROGRAM PROVIDES MUSCULOSKELETAL SPECIALTY SERVICES TO APPROXIMATELY 500 PATIENT VISITS PER YEAR EXCELLENCE IN SPIRITUALITY ($142,000) PROVIDES SUPPORT FOR THE CARE CHANNEL, CLINICAL PASTORAL EDUCATION PROGRAM AND BEREAVEMENT FOLLOW-UP PROGRAM SMILE PROGRAM ($125,309) PROVIDES STRESS MANAGEMENT TOOLS TO THE TEAM MEMBERS OF MORTON PLANT MEASE HEALTH CARE WOW AWARDS ($100,000) TEAM MEMBER RECOGNITION AWARD PROGRAM FOR PHYSICIANS, NURSES AND TEAM MEMBERS PATIENT CENTERED MEDICAL HOME ($78,000) MAXIMIZES THE BENEFITS TO THE PATIENT OF COORDINATING ALL ASPECTS OF THEIR CARE THROUGH THE PRIMARY CARE PHYSICIAN PHYSICIAN ENGAGEMENT LEADERSHIP ACADEMY ($75,000) PROVIDES OPPORTUNITIES FOR PHYSICIANS TO BECOME INVOLVED IN THE STRATEGIC PLANNING OF THE HEALTH SYSTEM CAREER LEARNING CENTERS RN PROGRAM ($38,400) PROVIDES 20 LPN STUDENTS WITH TUTORING SESSIONS TO HELP SUPPORT AND ACCELERATE THEIR RN COURSEWORK PRIEST CHAPLAIN ($35,000) A TWENTY HOUR A WEEK PRIEST TO CONTRIBUTE TO THE PASTORAL CARE AND SACRAMENTAL MINISTRY PROVIDED BY OUR HEALTH SYSTEM PATIENT VIDEO EDUCATION ($30,000) PROVIDES PATIENTS WITH VIDEO EDUCATION TO VIEW AND REVIEW VALUABLE INFORMATION ON CHRONIC AND ACUTE CONDITIONS AT ANY TIME THAT IS APPROPRIATE TO THE PATIENT'S NEEDS TAKE THE HEAT TRAINING FOR NURSES ($25,280) EDUCATIONAL PROGRAM THAT PROVIDES NURSES WITH THE SKILLS TO HANDLE CUSTOMER SERVICE ISSUES - LEARNING THE "TAKE THE HEAT" TECHNIQUE PATIENT EXPERIENCE GRANT FOR TEAM MEMBER IDEAS ($25,000) PROVIDES A VENUE FOR TEAM MEMBERS TO SUBMIT IDEAS FOR CONSIDERATION AND INDIVIDUAL GRANTS TO IMPROVE PATIENT SATISFACTION VOLUNTEER NURSE PROGRAM ($24,000) PROGRAM PROVIDES A PATHWAY FOR RETIRED NURSES, OR THOSE TAKING A BREAK IN THEIR CAREER, TO STAY IN THEIR PROFESSION AND CONTINUE THEIR PASSION FOR NURSING LOIS ODENCE SCHOLARSHIP ($13,378) SCHOLARSHIP PROGRAM HELPS OUR NURSES PAY FOR ADDITIONAL EXPENSES SUCH AS CHILD CARE, TRANSPORTATION, ETC NURSE CALL BACK PROGRAM ($12,896) PROGRAM ALLOWS AN RN TO SPEND 8 HRS PER WEEK DEDICATED TO CALL BACKS TO A TARGETED POPULATION IN AN EFFORT TO INCREASE PATIENT SATISFACTION PHYSICAL THERAPIST ASSISTANT EAYL ($12,000) THIS PROGRAM FUNDS SCHOLASTIC AND PRACTICAL EDUCATION IN THE PHYSICAL THERAPY FIELD ANNIE MILLER SCHOLARSHIP FUND ($10,000) PROVIDES SCHOLARSHIPS TO LPNS WHO ARE SEEKING THEIR BACHELOR OF SCIENCE IN NURSING (BSN) DEGREE KATHERINE T SMITH SCHOLARSHIP ($10,000) SCHOLARSHIPS FOR RNS WHO ARE PURSUING BACHELOR OF SCIENCE IN NURSING (BSN) OR MASTER OF SCIENCE IN NURSING (MSN) DEGREES EDUCATION FOR DIABETES RESOURCE NURSES ($7,160) HELPS TRAIN OUR NURSES ON HOW TO EDUCATE DIABETIC PATIENTS REGARDING THEIR DISEASE MANAGEMENT VOLUNTEER WEEK RECOGNITION ($7,000) A FORMAL BANQUET AND INDIVIDUAL GIFT TO RECOGNIZE MPM VOLUNTEERS DURING NATIONAL VOLUNTEER WEEK COMFORT BASKETS ($6,000) PROVIDES FOOD, BEVERAGES AND ITEMS FOR FAMILIES STANDING VIGIL AS A PATIENT NEARS END OF LIFE DAISY AWARD FOR EXTRAORDINARY NURSES ($2,500) PROVIDES MORTON PLANT MEASE NURSING LEADERSHIP THE RESOURCES TO CELEBRATE AND RECOGNIZE 24 NURSES FOR THE COMPASSIONATE CARE THEY PROVIDE EVERY DAY SINGLE PARENT NETWORK ($1,000) PROVIDES CLOTHING, SHOES AND SUPPLIES FOR SCHOOL, A FIELD TRIP AND A HOLIDAY CELEBRATION FOR OUR SINGLE PARENTS AND THEIR CHILDREN CONTINGENCY GRANT / PASS THROUGH REQUESTS ($37,626) MORTON PLANT MEASE FOUNDATION PROVIDES THE HOSPITALS OF MORTON PLANT MEASE HEALTH CARE WITH A VARIETY OF EMERGENCY FUNDS FOR PROGRAM GRANTS THAT COULD NOT HAVE BEEN FORESEEN IN THE NORMAL GRANT CYCLE, INCLUDING NURSES IMPROVING THE CARE OF HEALTH SYSTEM ELDERS (NICHE) TRAINING, NURSING CERTIFICATION FUNDING, CLINICAL ETHICS PROGRAM, NURSING WEEK RECOGNITION AND CAMP NURSE JR

Identifier	Return Reference	Explanation
EXPANDED DESCRIPTION OF GRANTS FROM 4B		CANCER PATIENT SUPPORT SERVICES / CAPSS ($175,000) PROVIDES A VARIETY OF FREE EDUCATIONAL AND SUPPORT SERVICES TO HELP CANCER SURVIVORS AND THEIR FAMILIES DEAL MORE EFFECTIVELY WITH THEIR EMOTIONAL DISTRESS MADONNA PTAK ALZHEIMER'S RESEARCH CENTER ($160,055) PROVIDES MADONNA PTAK CENTER FOR ALZHEIMER'S AND MEMORY LOSS WITH THE LATEST MEDICATION OPTIONS AND RESEARCH TRIAL OPPORTUNITIES FOR MEMORY DISORDERS FAITH COMMUNITY NURSING ($150,000) THE INTENTIONAL INTEGRATION OF THE PRACTICE OF FAITH WITH THE PRACTICE OF NURSING THROUGH THE FAITH COMMUNITY NURSE HOMELESS EMERGENCY PROJECT (HEP) - MEDICAL OVERLAY TEAM ($125,000) FOR OVER TEN YEARS, MORTON PLANT HOSPITAL HAS PROVIDED A MEDICAL OVERLAY TEAM OF TWO LICENSED PRACTICAL NURSES AND ONE ADVANCED REGISTERED NURSE PRACTITIONER TO PROVIDE ASSESSMENT, CRISIS INTERVENTION, CASE MANAGEMENT AND TREATMENT TO THIS HIGH RISK POPULATION PALLIATIVE CARE SERVICES ($114,900) FOCUSES ON MEETING THE PHYSICAL, EMOTIONAL AND SPIRITUAL NEEDS OF HOSPITALIZED PATIENTS NEAR END OF LIFE COMPREHENSIVE BREAST HEALTH PROGRAM ($100,000) PROVIDES FUNDING FOR DIAGNOSIS AND TREATMENT OF UNINSURED WOMEN WITH BREAST CANCER CLEARWATER FREE CLINIC ($100,000) PROVIDES CLINIC WITH A FULL-TIME FAMILY PRACTICE ARNP THAT HAS INCREASED THE AVAILABLE ADULT AND PEDIATRIC APPOINTMENTS BY 4,500 PER YEAR MPM LUNG CENTER ($100,000) OFFERS VALUABLE SERVICES TO THE COMMUNITY - INCLUDING SMOKING CESSATION, ASTHMA MANAGEMENT, SUPPORT GROUPS, AND PULMONARY REHABILITATION "LIFEVESTS" FOR UNINSURED PATIENTS ($100,000) THE "LIFEVESTS" ARE USED AS AN EXTERNAL DEFIBRILLATOR FOR THOSE PATIENTS WITH POOR EJECTION FRACTIONS (POOR HEART FUNCTION) ON A THREE MONTH TRIAL BASIS TURLEY INDIGENT DIABETIC AFTER CARE ($96,900) PROVIDES FOLLOW-UP CARE AT THE TURLEY FAMILY HEALTH CENTER FOR INDIGENT PATIENTS WITH DIABETES DISCHARGED FROM MORTON PLANT HOSPITAL MOLECULAR ONCOLOGY TESTING ($83,000) EXPLORES THE CLINICAL UTILITY OF NEW MOLECULAR MARKERS IN COLON, LUNG, AND GYNECOLOGIC CANCER PATIENTS AND ASSESS THE BEST TECHNICAL METHODOLOGY FOR THEIR IMPLEMENTATION CERTIFIED DIABETES EDUCATOR ($70,720) FOCUSES ON KEY BEHAVIORS THAT PROMOTE SUCCESSFUL SELF-MANAGEMENT SUCH AS HEALTHY EATING, BEING ACTIVE, MONITORING, TAKING MEDICATION, PROBLEM SOLVING, HEALTHY COPING AND REDUCING RISKS INDIGENT PRESCRIPTION PROGRAM ($60,000) ALLOWS PATIENTS ACCESS TO A ONE-TIME ONLY, 10-DAY SUPPLY OF NEEDED MEDICATIONS ON AN ANNUAL BASIS GOOD SAMARITANS HEALTH CLINIC OF PASCO - NURSE PRACTITIONER ($50,000) PROVIDES SUPPORT FOR A NURSE PRACTITIONER LESS THAN A MILE AWAY FROM MORTON PLANT NORTH BAY HOSPITAL 2-1-1 SERVICES OF PASCO COUNTY ($50,000) DIRECTS INDIVIDUALS TO COMMUNITY RESOURCES AVAILABLE, ULTIMATELY HELPING THEM TO RECEIVE THEIR CARE IN THE APPROPRIATE LOCATION, RATHER THAN RELY ONLY ON THE HOSPITAL ER FOR ALL HEALTH CARE NEEDS GULF COAST DENTAL OUTREACH POSITION ($50,000) PROVIDES ACCESS TO LOW-COST DENTAL CARE TO THE QUALIFIED LOW INCOME POPULATION LIVING IN OUR COMMUNITY LUNA, INC SUPPORT PROGRAMS ($34,100) OFFERS LATINAS DIAGNOSED WITH CANCER A POSITIVE AND MEMORABLE EXPERIENCE THROUGH A VARIETY OF CULTURALLY AND LINGUISTICALLY RELEVANT EDUCATION, SOCIAL AND RECREATIONAL ACTIVITIES GESTATIONAL DIABETES PROGRAM ($30,000) PROVIDES WOMEN WITH METER TRAINING, MEDICAL NUTRITION THERAPY, AND PATTERN MANAGEMENT TO PROMOTE TARGET GLUCOSE VALUES THROUGHOUT THEIR PREGNANCY LA CLINICA GUADALUPANA ($25,000) LA CLINICA'S VOLUNTEER PHYSICIANS, NURSES, DIETICIANS, AND ONE PAID STAFF MEMBER MEET THE NON-EMERGENT NEEDS OF THE UNINSURED WILLA CARSON HEALTH RESOURCE CENTER ($25,000) THE WILLA CARSON HEALTH RESOURCE CENTER PROVIDES HEALTH CARE TO THE UNINSURED AND UNDERSERVED CHILDREN AND FAMILIES OF PINELLAS COUNTY DIABETES EDUCATION CENTER PROGRAM ($25,000) PROVIDES LOW INCOME, UNINSURED AND UNDERINSURED POPULATIONS WITH A SYSTEM OF CARE THROUGH COMPREHENSIVE DIABETES SELF-MANAGEMENT EDUCATION AND TRAINING SERVICES UNFUNDED TRANSPORTATION ($20,000) PROVIDES FREE RIDES HOME FOR PATIENTS WHO CANNOT AFFORD AN AMBULANCE WOMEN'S HEALTH ADVOCACY CENTER ($20,000) PROVIDES EDUCATION, INFORMATION, RESOURCES AND REFERRALS AIMED AT IMPROVING THE HEALTH OF WOMEN AND THEIR FAMILIES IN OUR COMMUNITY HEARTS, ART AND MORE ($7,600) THE PROGRAM PROVIDES A SOFT HANDMADE HEART-SHAPED PILLOW, WHICH IS PLACED UNDER THE ARM OF A PATIENT IMMEDIATELY FOLLOWING BREAST OR UNDERARM SURGERY MPM SOCIAL SKILLS SUCCESS PROGRAM ($7,489) ADDRESSES THE SOCIAL LEARNING DISABILITY OF CHILDREN DIAGNOSED WITH ASPERGER'S, A VARIANT OF AUTISM WITH HIGH FUNCTIONING ABILITY AND OBVIOUS SOCIAL INEPTITUDE CONTINGENCY GRANT / PASS THROUGH REQUESTS ($61,742) MORTON PLANT MEASE FOUNDATION PROVIDES THE HOSPITALS OF MORTON PLANT MEASE HEALTH CARE WITH A VARIETY OF EMERGENCY FUNDS FOR PROGRAM GRANTS THAT COULD NOT HAVE BEEN FORESEEN IN THE NORMAL GRANT CYCLE, INCLUDING PROSTATE CANCER SCREENING PROGRAM, PARENATAL LOSS PROGRAM, CARDIAC HEALTH PROGRAM, BREAST CANCER SYMPOSIUM AND IMPLEMENTATION OF PROJECT BOOST AT MEASE COUNTRYSIDE

Identifier	Return Reference	Explanation
EXPANDED DESCRIPTION OF GRANTS FROM 4C		DOYLE WOMEN'S AND CHILDREN'S HEALTH INITIATIVE / BARNARD 3 GYN INPATIENT UNIT ($1,500,000) RENOVATION OF THE THIRD FLOOR OF MORTON PLANT'S BARNARD BUILDING PROVIDED 20 PRIVATE ROOMS FOR THE GYN INPATIENT UNIT WITH A PRIVATE LOUNGE THE NEW WOMEN'S UNIT IS THE FIRST PHASE OF A LARGER PROJECT ON THE MORTON PLANT HOSPITAL CAMPUS CALLED THE DOYLE WOMEN AND CHILDREN'S HEALTH INITIATIVE, THE PROJECT WILL RESULT IN THE CONSOLIDATION OF WOMEN'S SERVICES TO CREATE PINELLAS COUNTY'S FIRST WOMEN'S HOSPITAL WITHIN A HOSPITAL AXELROD PAVILION ON THE MORTON PLANT HOSPITAL CAMPUS ($850,000) NAMED FOR SHIRLEY AND THE LATE HARVEY AXELROD, MORTON PLANT HOSPITAL'S NEW FOUR-STORY AXELROD PAVILION WILL BE THE NEW HOME FOR AN EXPANDED SUSAN CHEEK NEEDLER BREAST CENTER, THE CARLISLE IMAGING CENTER AND THE OFFICES OF DR PETER BLUMENCRANZ AND DR KATHLEEN ALLEN FROM THE COMPREHENSIVE BREAST CARE CENTER OF TAMPA BAY MEASE DUNEDIN HOSPITAL - CAPITAL ($439,415) SUPPORTS MEASE DUNEDIN'S NEW CRITICAL CARE UNIT AND THE CONSTRUCTION OF A STATE-OF-THE-ART SURGERY DEPARTMENT MORTON PLANT NORTH BAY HOSPITAL - CAPITAL ($90,000) SUPPORTS MORTON PLANT NORTH BAY'S NEW STARKEY MEDICAL TOWER AND MEDICAL OFFICE BUILDING METIMAN PORTABLE SIMULATORS ($53,065) PORTABLE, ADULT HUMAN SIMULATORS, CALLED METIMAN, HELPS TO ENHANCE THE KNOWLEDGE AND SKILL LEVELS OF NURSES DURING THE ORIENTATION UNIT EXPERIENCE PRIOR TO INDEPENDENTLY TAKING A PATIENT CARE ASSIGNMENT CONTINGENCY GRANT / PASS THROUGH REQUESTS ($197,995) MORTON PLANT MEASE FOUNDATION PROVIDES THE HOSPITALS OF MORTON PLANT MEASE HEALTH CARE WITH A VARIETY OF CAPITAL EMERGENCY FUNDS THAT COULD NOT HAVE BEEN FORESEEN IN THE NORMAL GRANT CYCLE, INCLUDING MURALS IN MEASE COUNTRYSIDE'S ER, GLIDESCOPE DEVICE AT MEASE DUNEDIN, BREAST PUMPS AT MEASE COUNTRYSIDE, AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDS) AT MORTON PLANT MEASE OUTPATIENT FACILITIES, BED SCALES FOR EACH ER, RECLINERS ON THE CARDIAC SURGERY FLOOR IN THE MORGAN HEART HOSPITAL, BREAST ULTRASOUND, AND ELECTRONIC COMMUNICATION STATIONS IN EACH OF OUR HOSPITALS

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MORTON PLANT MEASE HEALTH CARE FOUNDATION INC

Employer identification number
59-1751535

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization Yes	No
(1) MORTON PLANT HOSPITAL ASSOCIATION INC 300 PINELLAS STREET CLEARWATER, FL 33756 59-0624462	HOSPITAL	FL	501(C)(3)	PUBLIC CHARITY	N/A		No
(2) TRUSTEES OF MEASE HOSPITAL INC 300 PINELLAS STREET CLEARWATER, FL 33756 59-0855412	HOSPITAL	FL	501(C)(3)	PUBLIC CHARITY	N/A		No
(3) MORTON PLANT MEASE PRIMARY CARE INC 300 PINELLAS STREET CLEARWATER, FL 33756 59-3140335	HOSPITAL	FL	501(C)(3)	PUBLIC CHARITY	N/A		No

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?		**(k)** Percentage ownership
							Yes	**No**		**Yes**	**No**	

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

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

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

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

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	**(d)** Method of determining amount involved
(1) MORTON PLANT HOSPITAL ASSOCIATION INC	B	4,867,374	
(2) TRUSTEES OF MEASE HOSPITAL INC	B	2,214,955	
(3) MORTON PLANT MEASE PRIMARY CARE INC	B	159,060	
(4)			
(5)			
(6)			

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

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

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

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation