See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314006484

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

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

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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

C Name of organization
Morton Plant Hospital Association Inc

Doing Business As

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

City or town, state or province, country, and ZIP or foreign postal code
Clearwater, FL 33756

D Employer identification number
59-0624462

E Telephone number
(727)462-7878

G Gross receipts $ 598,308,489

F Name and address of principal officer
Glenn Waters
300 Pinellas St
Clearwater, FL 33756

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www mpmhealth com

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

L Year of formation 1919

M State of legal domicile FL

Part I Summary

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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	19
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	4,067
6	Total number of volunteers (estimate if necessary)	**6**	501
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	3,132,425
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-1,531,543

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	10,294,879	9,656,158
9	Program service revenue (Part VIII, line 2g)	583,204,796	584,509,614
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	181,432	308,241
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,617,104	3,834,476
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	608,298,211	598,308,489
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,012,708	4,823,055
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)	200,298,370	203,143,936
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	326,410,528	340,789,742
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	532,721,606	548,756,733
19	Revenue less expenses Subtract line 18 from line 12	75,576,605	49,551,756

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	746,782,198	814,739,636
21	Total liabilities (Part X, line 26)	50,585,412	68,939,932
22	Net assets or fund balances Subtract line 21 from line 20	696,196,786	745,799,704

Part II Signature Block

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

Sign Here

▶ Signature of officer — 2014-11-04 Date

▶ CARL TREMONTI CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
WILLIAM RIKER				P01226021

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

Firm's address ▶ 55 IVAN ALLEN JR BLVD SUITE 1000
ATLANTA, GA 30308 — Phone no

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 455,330,153 including grants of $ 4,823,055) (Revenue $ 585,335,033)

Morton Plant Hospital Association, Inc (MPHA) is a full-service 913-bed community hospital During 2013, MPHA provided inpatient care to 34,244 patients, treated 109,081 patients in the emergency department, and delivered 2,313 babies Through efforts of the medical assistance program and the hospital's charity care program MPHA saw a net community benefit expense of $56 1 million The hospital also provided other community services totaling more than $2 5 million Some of the programs included Supportive Housing Overlay Program, Turley Family Health Center, Faith Community Nursing, and Indigent Diabetic Patient Follow-up Program Refer to Schedule H for additional information

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 455,330,153

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	529		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	4,067		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			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 as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds 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 or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	24		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2** Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .			**3**	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .			**5**	No
6	Did the organization have members or stockholders?			**6** Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a** Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b** Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			**8a** Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b** Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**	No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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

▶JOHN GANTNER 2985 DREW STREET
Clearwater, FL 33759 (727) 820-8005

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								1,464,875	6,045,822	792,605

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 85

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
GRESHAM SMITH PARTNERS, PO BOX 440029 NASHVILLE TN 37244	architectural svcs	2,711,787
AEGIS THERAPIES INC, PO BOX 8103 FORT SMITH AR 72902	THERAPY SERVICES	2,881,224
BAY LINEN INC, 11525 47TH ST NORTH CLEARWATER FL 33762	laundry services	2,942,870
SKANSKA USA BUILDING INC, 4030 W BOYSCOUT BLVD STE 200 TAMPA FL 33607	CONSTRUCTION SVS	6,947,044
WEHR CONSTRUCTORS INC, 4425 N LOIS AVE TAMPA FL 33614	CONSTRUCTION SVS	4,770,493

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 69

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	3,699,216			
	e	Government grants (contributions)	1e	1,081,978			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,874,964			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		9,656,158			
Program Service Revenue			Business Code				
	2a	HOSPITAL PATIENT CARE	621999	271,662,015	268,590,013	3,072,002	
	b	MEDICARE/MEDICAID NET REVENUE	621999	310,707,966	310,707,966		
	c	RENTAL INCOME FROM AFFILIATES	531120	2,139,633	2,139,633		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		584,509,614			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		317,795		60,423	257,372
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . . ▶		0			
			(i) Real / (ii) Personal				
	6a	Gross rents	740,243				
	b	Less rental expenses					
	c	Rental income or (loss)	740,243 / 0				
	d	Net rental income or (loss) . . . . . ▶		740,243			
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	-9,554				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)	-9,554				
	d	Net gain or (loss) . . . . . ▶		-9,554			
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶		0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶		0			
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶		0			
		Miscellaneous Revenue	Business Code				
	11a	CAFETERIA	722514	2,268,814			2,268,814
	b	OTHER REVENUE	900099	621,625	621,625		
	c	COMMUNITY AFFAIRS	624200	203,794	203,794		
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		3,094,233			
	12	**Total revenue.** See Instructions . . . . . ▶		598,308,489	582,263,031	3,132,425	2,526,186

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	4,823,055	4,823,055		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	676,410	676,410		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	173,632,788	173,087,406	545,382	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,338,362	5,321,594	16,768	
9 Other employee benefits	11,114,062	11,079,153	34,909	
10 Payroll taxes	12,382,314	12,346,101	36,213	
11 Fees for services (non-employees)				
a Management	0			
b Legal	6,070		6,070	
c Accounting	0			
d Lobbying	20,686	20,686		
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	33,945,492	31,042,332	2,903,160	
12 Advertising and promotion	472,546	455,762	16,784	
13 Office expenses	8,062,618	4,324,555	3,738,063	
14 Information technology	769,235	647,899	121,336	
15 Royalties . .	0			
16 Occupancy	13,382,829	13,184,154	198,675	
17 Travel	1,032,148	783,630	248,518	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	6,247,691	6,247,691		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	31,746,102	31,710,249	35,853	
23 Insurance	4,291,830	2,291,445	2,000,385	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	107,306,219	107,301,623	4,596	
b MANAGEMENT FEES	82,900,475		82,900,475	
c BAD DEBT EXPENSE	38,778,404	38,778,404		
d ASSESSMENTS	7,007,002	7,007,002		
e All other expenses	4,820,395	4,201,002	619,393	
25 **Total functional expenses.** Add lines 1 through 24e	548,756,733	455,330,153	93,426,580	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		486,095	1	812,237
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		67,121,139	4	64,701,781
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		1,050,254	7	575,755
	8	Inventories for sale or use		8,931,599	8	10,052,451
	9	Prepaid expenses and deferred charges		2,407,123	9	2,827,436
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 667,252,950			
	b	Less accumulated depreciation	10b 353,030,974	297,860,611	10c	314,221,976
	11	Investments—publicly traded securities		1,015	11	1,466
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		5,385,241	13	5,219,564
	14	Intangible assets		14,321,179	14	14,271,179
	15	Other assets See Part IV, line 11		349,217,942	15	402,055,791
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		746,782,198	16	814,739,636
Liabilities	17	Accounts payable and accrued expenses		27,726,298	17	33,914,757
	18	Grants payable		0	18	0
	19	Deferred revenue		1,406,780	19	570,521
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		3,911,459	23	3,789,382
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		17,540,875	25	30,665,272
	26	**Total liabilities.** Add lines 17 through 25		50,585,412	26	68,939,932
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		695,872,381	27	745,424,137
	28	Temporarily restricted net assets		324,405	28	375,567
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		696,196,786	33	745,799,704
	34	Total liabilities and net assets/fund balances		746,782,198	34	814,739,636

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	598,308,489
2	Total expenses (must equal Part IX, column (A), line 25)	2	548,756,733
3	Revenue less expenses Subtract line 2 from line 1	3	49,551,756
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	696,196,786
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	51,162
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	745,799,704

Part XII Financial Statements and Reporting

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

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

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Stephen Mason Trustee/President/CEO BCHS	1 0 50 0	X						0	2,373,154	65,118
Glenn Waters President/EVP BC Hosp Div	1 0 58 0	X		X				0	1,073,723	215,238
Mahesh Amin Trustee/Chairman	1 0 3 0	X		X				0	0	0
Ed Armstrong Trustee	1 0 3 0	X						0	0	0
Marc Bowman Trustee	1 0 2 0	X						0	0	0
Alan Bomstein Trustee	1 0 3 0	X						0	0	0
James Cantonis Trustee/Secretary	1 0 3 0	X		X				0	0	0
V Raymond Ferrera Trustee/Vice Chairman	1 0 4 0	X		X				0	0	0
Jim Huguet Trustee	1 0 2 0	X						0	0	0
Lonnie Klein Trustee	1 0 2 0	X						0	0	0
Gay Lancaster Trustee	1 0 2 0	X						0	0	0
Kevin Mason Trustee	1 0 2 0	X						0	0	0
Dewey Mitchell Trustee	1 0 3 0	X						0	0	0
Larry Morgan Trustee	1 0 3 0	X						0	0	0
Thomas Nash Trustee	1 0 2 0	X						0	0	0
Christos Pitarys Trustee	1 0 2 0	X						0	0	0
Nancy Ridenour Trustee	1 0 2 0	X						0	0	0
Ted Small Trustee	1 0 2 0	X						0	0	0
David Stone Trustee	1 0 2 0	X						0	0	0
Stephanie Vanzandt Trustee	1 0 2 0	X						0	0	0
Michael Wanger Trustee/Staff Physician	1 0 47 0	X						0	449,982	46,405
Jim Watrous Trustee	1 0 3 0	X						0	0	0
Thomas Whiddon Trustee/Treasurer	1 0 3 0	X		X				0	0	0
Debbie White Trustee	1 0 2 0	X						0	0	0
Carl Tremonti CFO, BC Hosp Div	1 0 57 0			X				0	416,973	34,153

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Harrel Ziecheck President, NBH	1.0 45.0				X			0	546,716	84,813
Neil Hoce President, MPH	1.0 45.0				X			0	518,354	100,308
Diana Shand-Kreidler Dir Surgical Services - MPH	45.0 0.0				X			190,541	0	33,682
Thomas Doria Director Patient Care - MPH	45.0 0.0				X			191,984	0	24,632
Robert Lynch Director Cardiology Services	45.0 0.0				X			209,215	0	26,356
Patricia Savitsky Clinical Pharmacist	45.0 0.0					X		200,343	0	21,785
Eric Cudzil Clinical Pharmacist	45.0 0.0					X		171,049	0	16,001
Kevin Mcgee Dir, Behav Hlth Nursing Admin	45.0 0.0					X		170,871	0	15,942
Terry Karfonta Dir Patient Services - MP Rhb	45.0 0.0					X		167,069	0	25,945
Matthew Novak Dir, Operations - Morton Plant	45.0 0.0					X		163,803	0	25,476
Peter Blumencranz Former Dir/Staff Physician	0.0 45.0						X	0	666,920	56,751

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314006484

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Morton Plant Hospital Association Inc

Employer identification number
59-0624462

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

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

1 ☐ A church, convention of churches, or association of churches 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 - Non-functionally integrated

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 supported organization? **11g(i)**		
(ii) A family member of a person described in (i) above? **11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

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

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** 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—2012.** 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** 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		
Return Reference	Explanation	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314006484

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
Morton Plant Hospital Association Inc	59-0624462

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $

3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		20,686
j	Total Add lines 1c through 1i			20,686
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Part II-B 1i	Dues were paid to the Florida Health Care Association, The Association of Nutrition & Food Service, Florida Hospital Association, and The National Association of Pscyhiatric Health Systems These associations use a portion of their respective dues to conduct lobbying activities

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314006484

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Morton Plant Hospital Association Inc

Employer identification number
59-0624462

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

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

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

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

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

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

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		31,034,891		31,034,891
b Buildings		381,201,221	178,524,163	202,677,058
c Leasehold improvements		7,135,329	4,210,433	2,924,896
d Equipment		211,377,282	170,296,378	41,080,904
e Other		36,504,227		36,504,227
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				314,221,976

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

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

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

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

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

(a) Description	(b) Book value
(1) Deposits	22,095
(2) Prepaid Physician Recruitment	602,055
(3) Due From Affiliates	401,431,641
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	402,055,791

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
ASSET RETIREMENT OBLIGATION ST	286,000
ASSET RETIREMENT OBLIGATION LT	124,196
EST 3RD PARTY SETTLEMENTS	30,235,509
DEPOSITS	19,567
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	30,665,272

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	594,189,357
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	594,189,357
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	4,119,132		
c	Add lines **4a** and **4b**			4c	4,119,132
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	598,308,489

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	544,637,600
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	544,637,600
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	4,119,133		
c	Add lines **4a** and **4b**			4c	4,119,133
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	548,756,733

Part XIII Supplemental Information

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

Return Reference	Explanation
Schedule D Supplemental Information	SCHEDULE D, PART XI, LINE 4B REVENUES NETTED WITH EXPENSES $4,119,132 SCHEDULE D, PART XII, LINE 4B REVENUES NETTED WITH EXPENSES $4,119,132 ROUNDING $1 TOTAL $4,119,133

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314006484

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Morton Plant Hospital Association Inc

Employer identification number
59-0624462

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☑ Other 250 %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b		No
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other ____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)	2	26,211	33,209,611		33,209,611	6 510 %
b Medicaid (from Worksheet 3, column a)	2	39,950	59,272,606	38,955,848	20,316,758	3 980 %
c Costs of other means-tested government programs (from Worksheet 3, column b)	2	100	94,945	6,536	88,409	0 020 %
d **Total** Financial Assistance and Means-Tested Government Programs	6	66,261	92,577,162	38,962,384	53,614,778	10 510 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	6	75,776	477,062		477,062	0 090 %
f Health professions education (from Worksheet 5)	3		1,776,146		1,776,146	0 350 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)	2		58,222		58,222	0 010 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	10	1,048	207,930		207,930	0 040 %
j **Total.** Other Benefits	21	76,824	2,519,360		2,519,360	0 490 %
k **Total.** Add lines 7d and 7j	27	143,085	95,096,522	38,962,384	56,134,138	11 000 %

Part II Community Building Activities Complete this if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support	2		3,545		3,545	0 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	2	194	572		572	0 %
8 Workforce development	2		770		770	0 %
9 Other						
10 **Total**	6	194	4,887		4,887	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount 2 38,778,404			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit 3 18,643,127			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	150,853,718	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	154,864,518	
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-4,010,800	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used			

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
3

Name, address, primary website address, and state license number

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group A-Morton Plant Hospital Assoc Inc

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A)

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) http //www mpmhealth com/workfiles/CHN/			
b	☐ Other website (list url)			
c	☐ Available upon request from the hospital facility			
d	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☐ Execution of the implementation strategy			
c	☐ Participation in the development of a community-wide plan			
d	☐ Participation in the execution of a community-wide plan			
e	☐ Inclusion of a community benefit section in operational plans			
f	☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**	Yes	
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	10	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 250 % If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	11		No
If "Yes," indicate the FPG family income limit for eligibility for discounted care __% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	12	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☑ Medical indigency			
d ☑ Insurance status			
e ☑ Uninsured discount			
f ☑ Medicaid/Medicare			
g ☑ State regulation			
h ☐ Residency			
i ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	13	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	14	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☑ Other (describe in Part VI)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☑ Other similar actions (describe in Section C)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	17		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☑ Notified individuals of the financial assistance policy on admission
- **b** ☑ Notified individuals of the financial assistance policy prior to discharge
- **c** ☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☑ Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V	All answers provided in Part V, Section B & C pertain to Facility Group A which includes Morton Plant Hospital, Morton Plant North Bay Hospital, and Morton Plant North Bay Recovery Center as identified on Schedule H, Part V, Section A, Lines 1-3
Part V Section B Line 3	Qualitative data was gathered during individual interviews with a total of 33 stakeholders of Morton Plant Hospital and Morton Plant North Bay Hospital service areas These stakeholders were identified by a CHNA oversight committee including Hospital leadership and collaborating areas of other Hospital Facilities in BayCare Health System Each stakeholder was interviewed by Tripp Umbach, a consulting firm representing the Hospitals, and lasted approximately 60 minutes All respondents were asked the same set of questions (questions and responses can be found in the CHNA Report starting on Page 52 for Morton Plant Hospital and page 56 for Morton Plant North Bay Hospital) previously developed by Tripp Umbach and reviewed by the individual Hospitals facility leadership 1 City Manager for the City of Clearwater 2 Executive Vice President of Provise Management/Homeless Emergency Project 3 Internist at Morton Plant Hospital 4 Director of Business Development for the Community Health Centers of Pinellas County 5 West Coast Cardiology Association 6 CPA at PRD-Certified Public Accountants 7 Bureau Director for the Pinellas County Health & Human Services 8 Director of the Pinellas County Health Department 9 Project Manager for the One Bay Healthy Communities 10 Concurrent Review Nurse for Universal Medicare/Medicaid 11 Chaplain for Morton Plant North Bay Hospital 12 President/CEO of United Way of Pasco County 13 Reverend of Metropolitan Ministries 14 CEO of Premier Community Health Care Group 15 Community Sales Director at Atria Bay Point Village 16 CEO/Executive Director of the Good Samaritan Health Clinic 17 Public Information Officer for the Pasco County Health Department 18 Physician with the Pasco County Emergency Physicians 19 Coalition Coordinator for the Pasco County Alliance for Substance Abuse Prevention 20 Chairperson of the Pasco County Board of County Commissioners 21 House Representative elected to the Florida State House or Representatives 22 Executive Director of Operation PAR 23 Public Defender from the Pinellas/Pasco County Public Defenders Office 24 Executive Director of PEMHS 25 Clerk and Comptroller for Pasco County 26 Chair of Mental Health and Substance Abuse Coalition in Pinellas County 27 Detective from the Pinellas County Sheriffs Department 28 Sergeant from the Pasco County Sheriffs Department 29 CEO of Central Florida Behavioral Health Network 30 Regional Director of the Department of Children and Families 31 VP of Behavioral Health for BayCare Health System Behavioral Health 32 Commissioner of Pinellas County 33 Coalition Coordinator for the Pasco County Alliance for Substance Abuse Prevention In addition to the specific Stakeholder's identified, Morton Plant Hospital and Morton Plant North Bay Hospital gathered qualitative data from residents of the individual communities by conducting facilitated focus groups The participants were able to provide direct input related to top community needs of themselves, their families, and communities The goal of the focus group process is that each participant feels comfortable and speaks openly so that they contribute to the discussion It was explained to participants that there are no wrong answers, just different experiences and points of view This process ensures that each participant shares their experiences from their point of view, even if it is different from what others have said Specifically, focus group participants were asked to identify and discuss what they perceived to be the top health issues and/or concerns in their communities Focus group input is subject to the limitations of the identified target populations (i e , vocabulary, perspective, knowledge, etc), and therefore, is not factual and inherently subjective in nature Focus group audiences of Morton Plant Hospital 1 Residents earning a low-Income that are Medicaid ineligible 2 Residents for whom English is a second language 3 Obstetric professionals serving families that are at risk of poor birth outcomes 4 School nurses serving children and families in school settings 5 Private behavioral health practitioners serving residents with behavioral health needs Focus group audiences of Morton Plant North Bay Hospital 1 Residents earning a low income that are Medicaid-ineligible 2 Private behavioral health practitioners serving residents with behavioral health needs
Part V Section B Line 4 & Line 5a	Line 4 CHNA was conducted with the following hospital facilities 1 St Anthonys Hospital 2 Mease Countryside Hospital 3 Mease Dunedin Hospital 4 South Florida Baptist Hospital 5 St Josephs Hospital Main (including Women's & Children's) 6 St Josephs Hospital North 7 St Josephs Behavioral Health Center 8 BayCare Alliant Hospital Line 5a http //www mpmhealth com/workfiles/CHN/Assessment/Morton%20Plant%20Hospita l%20Community%20Health%20Needs%20Assessment pdf
Part V Section B Line 7	Morton Plant Hospital identified the issue of Poverty in its CHNA Hospital leaders are interested in this issue and intend to re-evaluate the ongoing need Currently there are organizations offering services that address environmental stressors for residents in the service area Improving the poverty in the service area is not directly related to the mission of Morton Plant Hospital However, the hospital does address socio-economic issues through financial assistance and community benefits as it relates directly to healthcare and medical services of residents that are under/unfunded Morton Plant North Bay Hospital identified the issue of Obstetrics in its CHNA Hospital leaders are interested in this issue, and are interested in further evaluating the barriers that female residents experience when seeking obstetric health services However, neither the Morton Plant North Bay Hospital nor the MPNB Recovery Center currently has the expertise, resources, and/or provider base to provide this service Patients seen in the emergency room with health concerns related to obstetrics are transferred to local providers in the hospital service area Because the primary needs within the community have dictated that financial and human resources of Morton Plant North Bay Hospital are utilized for diagnostic and therapeutic medical and surgical care and that the financial and human resources of the MPNB Recovery Center be used for behavioral health diagnostic and therapeutic care, hospital leaders have determined that obstetric health services could be better met by existing providers (i e , Medical Center of Trinity and Mease Countryside Hospital), allowing available resources to remain focused on the existing and planned health services However, the need as identified has increased awareness and may be further evaluated
Part V Section B Line 11	An uninsured discount of 40% is automatically given to any patient who does not have insurance coverage or benefits There is no income or asset test required for the uninsured discount Patients receive an additional 10% discount if the account is paid within 30 days
Part V Section B Line 14	Contact information related to financial assistance is posted in the emergency room waiting area, admissions office, and printed on all patient billing
Part V Section B Line 16	Lien action related to collections is limited to patients involving auto liability insurance
Part V Section B Line 20d	Patients who are uninsured or underinsured and cannot pay for hospital services are eligible for charity consideration These patients are screened by designated team members in our Financial Assistance Department The Agency for Health Care Administration (AHCA) defines charity eligibility at 200 percent of the federal poverty guidelines, unless the total hospital bill is more than 25 percent of the patient's annual income Medicaid recipients who have exceeded their coverage limits are also considered for charity care Morton Plant Hospital Association, Inc goes above and beyond the AHCA requirements by providing additional "hardship" charity for patients who are at 250 percent of the federal poverty guidelines Once a patient is identified as eligible for financial assistance his/her account balance is written off 100% to charity write-offs and are no longer billed for services provided

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **6**

	Name and address	Type of Facility (describe)
1	BARDMOOR EMERGENCY Center 8839 BRYAN DAIRY RD STE 100 LARGO, FL 33777	ER - 24 HOURS
2	MORTON PLANT REHAB CENTER 400 CORBETT STREET BELLEAIR, FL 33756	REHAB FACILITY
3	Morton Plant Hospital Heart and Vascular 455 Pinellas Street Clearwater, FL 33756	Outpatient Clinic
4	Turley Family Health Center 807 N Myrtle Avenue Clearwater, FL 34616	Outpatient Clinic
5	Bardmoor Rehab Services 8711 Bryan Dairy Road Largo, FL 33777	Rehab Facility
6	Ptak Orthopedic & Neuroscience Pavilion 430 Morton Plant Street Suite 101 Clearwater, FL 33756	Rehab Facility
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

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

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

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

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
Part I Line 3c	Patients who are uninsured or underinsured and cannot pay for hospital services are eligible for charity consideration These patients are screened by designated team members in our Financial Assistance Department The Agency for Health Care Administration (AHCA) defines charity eligibility at 200 percent of the federal poverty guidelines, unless the total hospital bill is more than 25 percent of the patient's annual income Medicaid recipients who have exceeded their coverage limits are also considered for charity care Morton Plant Hospital Association, Inc goes above and beyond the AHCA requirements by providing additional "hardship" charity for patients who are at 250 percent of the federal poverty guidelines In addition, an uninsured discount of 40% is automatically given to any patient who does not have insurance coverage or benefits There is no income or asset test required for the uninsured discount Patients receive an additional 10% discount if the account is paid within 30 days
Part I Line 6a	N/A - The Community Benefit Report is available to the public and was prepared by BayCare Health System Inc , a related organization

Form and Line Reference	Explanation
Part I Line 7	Financial assistance and means-tested government programs costs (lines A through D) are determined using our cost accounting system, which captures all inpatients and outpatients, including emergency room patients The system also captures all patient pay types - private insurance, Medicare, Medicaid, uninsured and self pay The costs have been offset by any payments received from Medicaid or any other uncompensated care program Other benefits at cost (lines E through J, as well as amounts reported in Part II) were compiled by the community health department using the Catholic Health Association guide for planning and reporting community benefits
Part I Line 7 Column f	Bad Debt expense of $38,778,404 was included on form 990, Part IX, Line 25, Column (a), but subtracted for purposes of calculating the percentage in this column Part II Morton Plant and North Bay Hospitals support the health of its community by providing community support, health improvement advocacy, and workforce development through collaboration with several community based charitable organizations -Kiwanis Club of Dunedin, FL which supports the children of the community through the Florida Sheriffs Youth Ranch, "Every Child a Swimmer" program, and providing baby food -The Morton Plant Mease Foundation through its "Camp Nurse Jr " program which teaches 7th and 8th grade students about stress management, how to perform CPR, and healthy eating habits In addition to supporting these charitable organizations the Pastoral Care Departments of the respective facilities work in the local communities to present information and advocate for health improvement initiatives

Form and Line Reference	Explanation
Part III Lines 2, 3, & 4	Lines 2 & 3 Bad debt expense is reported as total bad debt for the facility The amount of bad debt expense attributable to patients eligible for financial assistance is calculated as a charge ratio, derived from data sampling The resulting charge ratio is then applied to total bad debt accounts of the organization, which calculates the bad debt attributable to finance assistance The state of Florida requires the patient to provide certain documentation in order to qualify for financial assistance In cases where the patient has not responded to hospital requests or billing statement alerts, those accounts are processed as bad debt, if unpaid Line 4 The organization's financial statements include a footnote that describes bad debt expense on page 10 of the Morton Plant Mease Health Care, Inc Notes to Consolidated Financial Statements
Part III Line 8	Cost reports were used to report Medicare allowable costs Medicare defines allowable costs as those appropriate and helpful in developing and maintaining the operation of patient care facilities and activities It specifically excludes certain costs that are not directly related to patient care The hospital incurs additional expense related to the provision of care to Medicare patients that Medicare has deemed non-allowable This additional expense includes costs of physician services (emergency on-call fees, hospitalist program, recruitment, etc), advertising costs, cafeteria costs for meals sold to visitors, etc The hospital attempts to collect coinsurance and deductibles from Medicare beneficiaries To the extent collection efforts are unsuccessful, Medicare reimburses the hospital at 70% of unpaid amounts The following table reconciles the surplus or shortfall from Line 7 to the actual surplus or shortfall The additional costs were allocated to Medicare based upon Medicare's percentage of total allowable costs The unpaid coinsurance/deductibles were estimated using historical collection results Any shortfall amounts have not been treated as community benefit Line 7 Surplus or (Shortfall) ($4,010,800) Additional non-allowable costs and unpaid/non-reimbursed coinsurance/deductibles ($19,070,602) Total Surplus or (Shortfall) ($23,081,402)

Form and Line Reference	Explanation
Part III Line 9b	Patients who are unable to pay are encouraged by BayCare Health System representatives, via personal interviews, signage, on patient billing statements, brochures or Customer Service phone calls, to submit financial information to the Financial Assistance Department to determine eligibility for programs, such as County, Medicaid, Disability, Victims of Crime, Charity, etc For those patients who provide all the necessary documentation and qualify for charity according to the Financial Assistance policy, (defined in Part I, line 3c), patients' account balance would be written off completely to charity and not billed to the patients
Part VI Line 2 - Needs Assessment	Morton Plant Hospital Association, Inc is committed to meeting the needs of the community it serves Our quality philosophy is modeled around understanding our customers' needs in the communities it serves Morton Plant Hospital Association, Inc addresses community health status assessments by accessing existing third party databases profiling health status information for geographies it serves The assessments provide a profile of health status indicators in comparison to state averages and, if available, national benchmarks In addition, Morton Plant Hospital Association, Inc conducts physician community need studies that outline physician deficits by specialty for the geographic area served Studies are also conducted to identify gaps in geographic access to services such as primary care, outpatient services and inpatient services All of the above processes occur on an ongoing basis to assist Morton Plant Hospital Association, Inc in developing initiatives and programs/services to address identified health care needs in the communities it serves

Form and Line Reference	Explanation
Part VI Line 3 - Patient Education of Eligibility Assistance	Morton Plant Hospital Association, Inc Financial Assistance team members are dedicated to assisting patients in obtaining assistance through federal, state and local government programs or through the Morton Plant Hospital Association, Inc financial assistance policy Signage and brochures are available, as well as team members whose full responsibility is to assist patients in the emergency room and on inpatient units The Financial Assistance team interviews patients for all available programs, assists the patients in completing applications to government agencies and for hospital charity care, advises patients regarding available community resources for health care, reviews and approves patient requests for charity care, and provides education and support to the patient throughout the assistance process In addition to the aforementioned comprehensive process, Morton Plant Hospital Association, Inc also informs and educates patients who may be billed for patient care, but may be eligible for charity or other programs, via patient billing statements and customer service representative calls The goal in using these various means is to effectively communicate with the entire patient population so they are informed and educated about their eligibility for assistance
Part VI Line 4 - Community Information	Morton Plant Hospitals is in a suburban setting serving parts of Pasco and Pinellas counties The average income is lower than both the state and national averages The population served is predominantly Caucasian and high-school or higher educated Hispanics are the second largest ethnic group representing 11 5% of the population and 14 4% of households are below poverty level Morton Plant Hospitals are part of BayCare Health System that serves west central Florida The area served by Morton Plant Hospitals has 13 hospitals with 6 being Not-for Profit There are 6 federally designated medically underserved areas in Morton Plant Hospitals' service area With the service area expanding and the over 55 population expected to grow 11 5% in the next five years, the health care needs of our service area are expanding and changing The population served by Morton Plant Hospitals is expected to grow 3 7% in the next 5 years This expected growth is similar to the expected growth rate for the United States The County where Morton Plant Hospitals reside experiences higher incidence rates compared to the state of Florida in the following areas adults with asthma, HIV cases, AIDs cases, adults with high blood cholesterol, melanoma, asthma hospitalization, adult smokers, domestic violence, fully immunized kindergarteners and sexually transmitted diseases Based on Florida inpatient discharge data for the period of 10/01/12-09/30/13, the payor mix for the geographic area consists of 55 4% Medicare/Medicare HMO, 14 1% Medicaid/Medicaid HMO, 19 6% Commercial Insurance, 7 7% Self-pay, and 3 2% Other

Form and Line Reference	Explanation
Part VI Line 5 - Promotion of Community Health	Morton Plant Hospital and Morton Plant North Bay Hospital The history of Morton Plant Hospital Association began in 1916 when Morton F Plant responded to the lack of hospitals and medical care in the area by helping the community raise funds needed to open a 20-bed hospital Morton Plant North Bay Hospital opened in 1965 in New Port Richey, Florida and was subsequently acquired by Morton Plant Hospital Association, Inc Today, Morton Plant Hospital Association continues in that same philosophy of improving the health of the community with two hospitals that set the standard for high-quality, compassionate care - Morton Plant in Clearwater, Florida and Morton Plant North Bay in New Port Richey, Florida Services are provided through more than 7,100 Morton Plant Mease employees and more than 1,100 board-certified physicians Homeless Outreach According to a 2014 Point in Time study from the Pinellas County Homeless Leadership Board, there are approximately 5,887 homeless men, women and children in Pinellas County The study revealed that 36 percent of respondents admitted to experiencing Depression, 52 percent deal with Serious Mental Illness, 35 percent reported Depression and 20 percent said they have Post Traumatic Stress Disorder While these are not clinical diagnoses, high reported prevalence rates of Depression, Physical Disability, Mental Illness, Alcohol Abuse, and PTSD, as well as a willingness to admit to these, indicates a substantial need for help with regard to these conditions among the homeless population BayCare Behavioral Health and the Homeless Emergency Project (HEP), along with Morton Plant Hospital partnered together to apply for and receive a five-year grant of $400,000 for each year for a total of $2 million from the U S Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) In 2013, the project entitled Supportive Housing Overlay Program (SHOP) operated in its fourth year of service delivery in therapeutic clinical and case management areas that contribute to homeless intervention and treatment programming The staff continues to strongly be supported by BayCare and HEP leadership and have had no administrative obstacles other than the complex challenges brought by this high-risk, co-occurring homeless population which requires holistic intervention leading to permanent housing Emphasis continues to be applied to utilizing motivational interviewing since it appears to have meaningful impact with the target population The latter has strengthened the alliance for creating the right ambiance for building a meaningful comfort zone for the client population to engage in program and evaluation activities Significant findings (improvement) for 75 participants completing pre- and post-program evaluations indicate that the persistence of mental health symptoms is reduced Veteran and Inebriate Program In 2010, BayCare Behavioral Health and Morton Plant Mease applied for and received a five-year grant of $350,000 for each year for a total of $1,750,000 million from the U S Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) BayCare was awarded funding for the Veteran and Inebriate Program (VIP) to provide services for homeless veterans and chronic inebriates experiencing behavioral health disorders in Pinellas County, Florida VIP is designed to expand and strengthen treatment resources for 420 individuals based on identified local needs In 2013, the evaluation team continued to assess this challenging case management and therapeutic treatment endeavor that serves a target population of homeless veterans and chronic inebriates experiencing behavioral health disorders Advisory Group members are residents themselves and this helps us remain concrete in areas which warrant new initiatives, attention and/or corrective action The program also captures process data and interfaces it with outcome data in both areas of outreach and maintaining participants in a safe home and treatment environment including access to resources to support their recovery and reduce their clinical symptoms Ultimately the goal of the program is to reduce clinical symptoms while improving the program participant's quality of life Free Community Clinic Support Community members who are uninsured or under-insured often rely on free clinics to meet their health care needs These clinics survive on generous donations - both financial and in-kind, to provide valuable services to the community Morton Plant Mease donated $150,000 in 2013 for support of ongoing services Morton Plant Mease physicians and nurses also donated 550 hours of their time to provide care at two area clinics Clearwater Free Clinic Morton Plant Mease is a community partner with the Clearwater Free Clinic, which provides health services to low-income citizens The clinic operates with volunteers and one paid administrator When services are beyond the clinic's capability, patients are referred to our hospitals Good Samaritan Clinic In an effort to provide medical services to the underinsured or uninsured residents of Pasco County, Morton Plant North Bay Hospital provided assistance with funding for a Nurse Practitioner position for the Good Samaritans Health Clinic Additionally, the hospital provides lab services and diagnostic tests to Good Samaritans' patients at no cost and medical staff physicians volunteer time to serve at the clinic The Health Clinic helps patients with non-emergency medical needs receive ongoing medical care Access to care is improved by providing a well-coordinated program where patients who otherwise would not have access to a primary care physician, can go to receive care for their illnesses Morton Plant Hospital Morton Plant Hospital's heart care continues to be nationally recognized Morton Plant was recognized 13 consecutive times as a top hospital for heart care, by Thomson Reuters Morton Plant Hospital's heart surgery program has consistently received The Society for Thoracic Surgeons overall three-star rating Morton Plant Master Site Plan--Construction continued in 2013 for a comprehensive master site plan to create a seamless facility design that ties together the existing inpatient buildings for the almost 100-year-old hospital campus The new facilities will house a number of clinical services including surgery, women's and newborn services and orthopedics The overall plan will provide improved patient access and navigation, better alignment of resource utilization and efficiencies, larger operating suites, flexibility in future planning and additional space for ancillary departments and storage Morton Plant Hospital's Axelrod Pavilion, a four-story building with the goal of creating a center that offers leading edge medical diagnostics and services in an environment that promotes healing and comfort celebrated two years of service in 2013 The center is home to imaging services, diagnostic services, comprehensive breast cancer services and cancer treatment, some of which are provided by entities affiliated with Morton Plant Mease In 2013, Morton Plant's infusion program was relocated to the Axelrod Pavilion The relocation provided for significantly more space and a more welcoming environment for patients receiving infusion services Morton Plant North Bay Recovery Center As part of its continued commitment to meeting the mental health needs of the Tampa Bay community, BayCare Behavioral Health operates the Morton Plant North Bay Hospital Recovery Center which opened in 2010 Located in Pasco County, Morton Plant North Bay Hospital Recovery Center operates under the Morton Plant North Bay Hospital license and is a 72-bed acute care, behavioral health facility The Recovery Center provides a full-range of behavioral health services for adults, children and adolescents who require inpatient care Patients can receive treatment for inpatient psychiatric crisis stabilization, crisis intervention and support in a tranquil environment Morton Plant North Bay Hospital Cardiovascular Center Morton Plant North Bay provides the community with a 9,750 square-foot cardiovascular center offering the most advanced imaging equipment for cardiac care diagnostics and interventions, including elective and emergency heart catheterizations and angioplasties The cardiovascular center at Morton Plant North Bay provides the Pasco community more access to these cardiac procedures, which remove blockages of coronary vessels and can be life-saving for those suffering a heart attack New Surgical Center Morton Plant North Bay Hospital is currently expanding its surgical services department as part of a multi-year project In June 2013, the first phase of the project was completed, providing six new operating suites and two new endoscopy/ procedure suit
Part VI Line 6 - Affiliated Health Care System	Morton Plant Hospital Association, Inc is part of BayCare Health System, Inc , a not-for-profit corporation that operates an integrated health care delivery system ("BayCare") in the Tampa Bay region of Florida BayCare provides a full continuum of care through its five clinical divisions which are supported by a comprehensive suite of centralized corporate services The largest division is the hospital division, which includes 11 acute care hospitals and 3,433 licensed beds In 2013, the hospital division provided 127,532 admissions and 478,296 emergency room visits The remaining four BayCare clinical divisions include four urgent care centers, 13 imaging facilities, five ambulatory surgery centers, three wellness centers, a physician network, outreach laboratories, a retail pharmacy, and a comprehensive home health agency BayCare's strategy is focused on establishing the framework and foundation to enable population health management and improve access to affordable, high-quality health care Developing the infrastructure to manage risk and population health has been a multi-year initiative that encompasses aligning physicians, acquiring insurance competencies, and expanding care management capabilities In this regard, BayCare has developed a physician network that includes 248 employed primary care physicians and 140 employed specialist physicians Inclusive of these 388 physicians, about 1,200 physicians (employed and community-based) currently operate in a clinically integrated network, BayCare Physician Partners With 284 access points across its four-county service area, BayCare is focused on establishing a geographic footprint across the Tampa Bay region to promote access to its comprehensive services, regardless of a patient's ability to pay On Aug 30, 2013, BayCare expanded into Polk County by becoming the sole corporate member of Winter Haven Hospital, Inc , a 529-bed, not-for-profit hospital that provided 15,167 admissions and generated $237 million in total revenue in the fiscal year 2013, immediately prior to joining BayCare BayCare was founded in 1997 when several of the area's not-for-profit hospitals came together, united by the common mission to "improve the health of all we serve through community-based, health care services that set the standard for high-quality, compassionate care " As an integrated health system, BayCare's hospital members believed they could reduce costs by consolidating back-office functions and administrative services, and improve quality through the sharing of best practices BayCare is currently one of the largest employers in the region with 22,900 employees, and salary and benefit expenses exceeding $1 3 billion BayCare's hospitals are Mease Countryside, Mease Dunedin, Morton Plant, Morton Plant North Bay, St Anthony's, South Florida Baptist, St Joseph's, St Joseph's Women's, St Joseph's Children's, St Joseph's Hospital-North, and Winter Haven Hospital Today, BayCare's financial stability and centralization of shared services in Finance, Business Office, Information Technology, Human Resources and Materials Management strengthens each hospital's ability to serve the health needs of their local communities and provide traditional charity care and unbilled community services to uninsured and underinsured residents In 2013, BayCare provided $243 5 million in community benefit, which includes $110 8 million in traditional charity care, $121 4 million in Medicaid and other means-tested programs, and $11 3 million in unbilled community services All of these are measured in unreimbursed cost In 2012, BayCare refocused its strategic vision around a new culture of accountability and working together to achieve the following Four Key Results 1 Patient-Centered Care - A relationship with patients that places them first in everything we do 2 One Standard of Care - Reducing variation by adhering to standard processes which assure best practices 3 Top Decile Performance - Consistently performing in the top 10 percent of publically reported quality and service measures 4 Preservation of Financial Stability - Maintaining AA credit rating and level of market relevance to secure future access to the capital necessary to advance health care quality and access COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) In 2013, BayCare hospitals completed a detailed Community Health Needs Assessment (CHNA), as required by the Patient Protection and Affordable Care Act The CHNA research utilized independent reviews of existing data, in-depth interviews with community stakeholders representing a cross section of agencies, and detailed input provided by community focus groups The studies included detailed environmental scans of available resources and services The assessments, supported by secondary and primary data, determined that the top three results of the community health needs, within the geographic regions served by BayCare hospitals, were 1 Improving access to affordable health care 2 Decreasing the prevalence of clinical health issues 3 Improving health behaviors and environments BayCare assisted its hospitals in developing detailed implementation strategies, action steps, and objectives to align hospital resources with each key community health need BayCare hospitals' CHNA reports and implementation plans are available on its website, www baycare org KEY COMMUNITY HEALTH NEED #1 IMPROVING ACCESS TO AFFORDABLE HEALTH CARE Secondary data and primary input from community stakeholders and focus groups for BayCare hospitals' CHNA reports identified the following underlying factors 1 Need for increased access to affordable health care through insurance 2 Availability of affordable care for the underinsured and uninsured 3 Availability of health care providers and services 4 Communication among health care providers and consumers 5 Socioeconomic barriers to accessing health care BayCare hospitals' have developed the following key objectives to address specific areas of need within their geographic regions At Morton Plant Hospital Implement timely and effective coordination of care between primary care and emergency departments by enabling access to patient information for new primary care partners, exploring partnerships to facilitate referrals, developing relationships that guarantee appointment slots per day and inpatient referrals, exploring the development of a patient navigator role, and establishing metrics to monitor coordination of care At Morton Plant North Bay Hospital Increase the appropriate use of available health care resources by increasing the use of affordable primary care clinics, exploring partnerships to facilitate referrals and establishing metrics to monitor coordination of care At Mease Countryside, Mease Dunedin, Morton Plant, St Anthony's, South Florida Baptist and Winter Haven hospitals Enhance care coordination to underinsured and uninsured residents by working with municipalities and other groups to develop community resources that help residents find more detailed information about health insurance coverage, exploring the feasibility of creating or enhancing clinics for uninsured, and considering evidence-based practices to increase access to affordable primary care and increase awareness about health care resources At every BayCare hospital Increase the availability of mental health services by implementing programs for at-risk families, expanding services, and increasing service capacity for children with mental health needs BayCare continues to be the largest, not-for-profit provider of behavioral health services in west central Florida BayCare Behavioral Health offers inpatient, outpatient, support groups, and case management services BayCare operates the only freestanding, inpatient Baker Act-receiving private psychiatric hospital in Hillsborough County, a freestanding, Baker Act-receiving facility in Pasco County, and inpatient crisis stabilization in Pinellas County KEY COMMUNITY HEALTH NEED #2 DECREASING THE PREVALENCE OF CLINICAL HEALTH ISSUES Secondary data and primary input from community stakeholders and focus groups for BayCare hospitals' CHNA reports identified the following underlying factors The prevalence of clinical indicators and areas of poorer health outcomes across clinical indicators that are correlated with race, geographical location and socioeconomic status BayCare hospitals' have developed the following key objectives to address specific areas of need within their geographic regions At Mease Countryside Hospital Increase the resources available to diabetic children in school by exploring the feasibility of providing regional resources to support daily pediatric disease management at public schools At St Joseph's hospitals Align services with best practices to improve health outcomes for patients diagnosed with diabetes At St Anthony's Hospital Increase access to screenings, and diagnostic and treatment s

Form and Line Reference	Explanation
Part VI Line 7 - State Filing	N/A Morton Plant Hospital Association, Inc operates in the State of Florida, which does not require its Community Benefit Report to be filed with the State Government The Community Benefit Report is prepared and made available to the public

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314006484

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**

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Morton Plant Hospital Association Inc

Employer identification number
59-0624462

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Morton Plant Mease Primary Care Inc 300 S Park Place Blvd Clearwater, FL 33759	59-3140335	501(C)(3)	4,669,796				Residency Program
(2) Behavioral Health Management Services Inc 3232 Jeffords Street Clearwater, FL 33756	59-3279573	501(C)(3)	153,259				Pathways Program

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 2

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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. Part III can be duplicated if additional space is needed.

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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Schedule I, Part I, Line 2	Description of Organization's Procedures for Monitoring the Use of Grants Morton Plant Hospital Association, Inc is committed to assisting non-profit organizations whose focus is to improve the health and wellness of the communities we serve Each cash donation request is reviewed by Morton Plant Hospital's Senior Management Team to determine whether the organization is one we want to donate to, based on the organization's mission, non-profit status, and usage of funds Once approved, we require proper documentation from the organization of its non-profit status, and as needed, follow-up with the organization to ensure the activity occurred

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314006484

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, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Morton Plant Hospital Association Inc

Employer identification number
59-0624462

Part I Questions Regarding Compensation

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

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

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation
Supplemental Compensation Information	Schedule J, Part I, Line 3 The filing organization does not use any of the options listed in Schedule J, Line 3 to establish the compensation of the CEO/Executive Director However, the related organization, BayCare Health System Inc, uses Compensation committee, Independent compensation consultant, Written employment contract, Compensation survey or study and Approval by the board or compensation committee as a means to establish the CEO's compensation of the filing organization Schedule J, Part I, Line 4b Neil Hoce - Participated in a supplemental nonqualified deferred compensation plan He had $68,153 of nonvested benefits accrue during 2013 This amount is included in Part II (C) Retirement and other deferred compensation Stephen Mason - Participated in a supplemental nonqualified deferred compensation plan He had $523,147 in benefits vest in 2013 This amount is included in Part II (B)(iii) Other compensation The plan made a cash distribution of $219,460 in 2013 Carl Tremonti - Participated in a supplemental nonqualified deferred compensation plan He had $44,706 in benefits vest in 2013 This amount is included in Part II (B)(iii) Other compensation He had $10,423 of nonvested benefits accrue during 2013 This amount is included in Part II (C) Retirement and other deferred compensation The plan made a cash distribution of $19,208 in 2013 Glenn Waters - Participated in a supplemental nonqualified deferred compensation plan He had $159,846 of nonvested benefits accrue during 2013 This amount is included in Part II (C) Retirement and other deferred compensation Harrel Ziecheck - Participated in a supplemental nonqualified deferred compensation plan He had $62,656 in benefits vest in 2013 This amount is included in Part II (B)(iii) Other compensation The plan made a cash distribution of $26,284 in 2013

Additional Data

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Stephen Mason Trustee/President/CEO BCHS	(I) (II)	0 1,125,242	0 639,238	0 608,674	0 38,419	0 26,699	0 2,438,272	0 0
Glenn Waters President/EVP BC Hosp Div	(I) (II)	0 743,922	0 315,281	0 14,520	0 184,011	0 31,227	0 1,288,961	0 0
Carl Tremonti CFO, BC Hosp Div	(I) (II)	0 280,052	0 84,201	0 52,720	0 23,173	0 10,980	0 451,126	0 0
Michael Wanger Trustee/Staff Physician	(I) (II)	0 222,967	0 223,805	0 3,210	0 12,750	0 33,655	0 496,387	0 0
Harrel Ziecheck President, NBH	(I) (II)	0 356,257	0 114,750	0 75,709	0 61,574	0 23,239	0 631,529	0 0
Neil Hoce President, MPH	(I) (II)	0 381,151	0 120,244	0 16,959	0 78,905	0 21,403	0 618,662	0 0
Diana Shand-Kreidler Dir Surgical Services - MPH	(I) (II)	167,665 0	21,096 0	1,780 0	7,847 0	25,835 0	224,223 0	0 0
Thomas Doria Director Patient Care - MPH	(I) (II)	168,813 0	20,767 0	2,404 0	9,219 0	15,413 0	216,616 0	0 0
Robert Lynch Director Cardiology Services	(I) (II)	180,958 0	21,377 0	6,880 0	9,787 0	16,569 0	235,571 0	0 0
Patricia Savitsky Clinical Pharmacist	(I) (II)	142,546 0	49,838 0	7,959 0	7,828 0	13,957 0	222,128 0	0 0
Eric Cudzil Clinical Pharmacist	(I) (II)	140,374 0	30,610 0	65 0	7,688 0	8,313 0	187,050 0	0 0
Kevin Mcgee Dir, Behav Hlth Nursing Admin	(I) (II)	143,564 0	18,587 0	8,720 0	5,633 0	10,309 0	186,813 0	0 0
Terry Karfonta Dir Patient Services - MP Rhb	(I) (II)	151,346 0	15,351 0	372 0	7,256 0	18,689 0	193,014 0	0 0
Matthew Novak Dir, Operations - Morton Plant	(I) (II)	142,834 0	18,060 0	2,909 0	7,877 0	17,599 0	189,279 0	0 0
Peter Blumencranz Former Dir/Staff Physician	(I) (II)	0 591,459	0 64,817	0 10,644	0 23,964	0 32,787	0 723,671	0 0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314006484

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Morton Plant Hospital Association Inc

Employer identification number
59-0624462

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

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MFP Inc DBA Financial Credit Svcs	See part V	390,881	Fees for Collection Services		No
(2) Creative Mailbox Designs	See part V	133,398	Printing Services		No
(3) Creative Contractors	See part V	781,450	Construction Services		No

Part V Supplemental Information

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

Return Reference	Explanation
Relationship between interested person and the organization	Stephen Mason and Glenn Waters are board members of the filing organization as well as board members of MFP, Inc , a for profit company Larry Morgan is a board member of the filing organization as well as an officer of Creative Mailbox & Sign Designs, a for profit company Alan Bombstein is a board member of the filing organization as well as an officer of creative contractors, Inc , a for profit company

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493314006484

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Morton Plant Hospital Association Inc

Employer identification number
59-0624462

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VI	
Part VI	Part VI, Lines 15a & 15b - Process used for Compensation Review and Approval The filing or ganization does not directly compensate some of its top management employees, rather compe nsation is paid by a related organization that also follows the compensation policy of the Compensation Committee The independent Compensation Committee is appointed by the Board of Directors The Compensation Committee's purpose is to provide oversight for the organiz ation's executive compensation program, review and approve compensation and benefits for a ll "disqualified persons" subject to the Intermediate Sanctions regulations issued under S ection 4958 of the Internal Revenue Code (including the Chief Executive Officer, Chief Ope rating Officer & Chief Financial Officer, other system and entity executives, and other di squalified persons as defined in the Intermediate Sanctions regulations (i e , voting memb ers of the governing body, family members, former officers)), and establish the compensati on philosophy for all other executives This committee engages nationally recognized compe nsation consultants to assist them in review of executive compensation The compensation c onsultants provide a review of each vice president and above in the system to determine if that employee's compensation is reasonable w hen compared against market standards The da ta reviewed comes from compensation studies that include comparable compensation for simil arly qualified persons in functionally comparable positions at similarly situated organiza tions The organization keeps contemporaneous minutes of the compensation committees meeti ngs and decisions External consultants review compensation every other year, the last rev iew occurring in 2013, but the compensation committee regularly monitors compensation and all other procedures are follow ed annually Part VI, Line 16b - Procedure to evaluate Join t Venture Arrangements The organization has a joint venture committee of subject matter ex perts w ho review potential arrangements w ith taxable joint ventures Included in its revie w are a review for compliance w ith relevant tax laws and a review of w hether the joint ven ture furthers the organization's exempt purpose Part VI, Line 19 - How and If the Governi ng Documents, Conflict of Interest Policy and Financial Statements are Made Available to t he Public Morton Plant Hospital Association, Inc publishes its financial statements w ith The Agency for Health Care Administration Governing documents and policies are not availa ble for public inspection
Part XI, Line 9	CHANGE IN NET ASSETS OF FOUNDATION $44,615 OTHER $6,547 TOTAL $51,162

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314006484

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Morton Plant Hospital Association Inc

Employer identification number
59-0624462

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) BayCare Health System Inc 2985 Drew St Clearwater, FL 33759 59-2796965	Support srvcs	FL	501(c)(3)	11A	na		No
(2) Morton Plant Mease Health Care Found Inc 1200 Druid Road South Clearwater, FL 33756 59-1751535	Fundraising	FL	501(c)(3)	11A	MPHATOM	Yes	
(3) Morton Plant Mease Health Care Inc 300 Pinellas Street Clearwater, FL 33756 59-2374556	Support srvcs	FL	501(c)(3)	11B	na		No
(4) Trustees of Mease Hospital Inc 601 Main Street Dunedin, FL 34698 59-0855412	Health srvcs	FL	501(c)(3)	3	MPMHC	Yes	
(5) Morton Plant Mease Health Services Inc 8452 118th Ave N Largo, FL 33773 59-2600684	Health srvcs	FL	501(c)(3)	9	MPMHC	Yes	
(6) Morton Plant Mease Primary Care Inc 300 S Park Place Blvd Ste 170 Clearwater, FL 33759 59-3140335	Health srvcs	FL	501(c)(3)	9	MPMHC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) Trinity Surg Cntr 2102 Trin Oaks NPR, FL 34655 02-0656933	Health srvcs	FL	na	N/A	0	0		No	0		No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) Global Health Care Inc 8452 118th Avenue North Largo, FL 33773 59-1853449	Health srvcs	FL	na	C corp	0	0	0 %	Yes	
(2) MFP Inc 628 Bypass Road Clearwater, FL 33764 59-2374569	Collections svcs	FL	na	C corp	0	0	0 %	Yes	
(3) Morton Plant Health Ventures Inc 8452 118th Avenue North Largo, FL 33773 59-2728600	Health srvcs	FL	na	C corp	0	0	0 %	Yes	

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BayCare Health System Inc 2985 Drew St Clearwater, FL 33759 59-2796965	Support srvcs	FL	501(c)(3)	11A	na		No
(1) Morton Plant Mease Health Care Found Inc 1200 Druid Road South Clearwater, FL 33756 59-1751535	Fundraising	FL	501(c)(3)	11A	MPHATOM	Yes	
(2) Morton Plant Mease Health Care Inc 300 Pinellas Street Clearwater, FL 33756 59-2374556	Support srvcs	FL	501(c)(3)	11B	na		No
(3) Trustees of Mease Hospital Inc 601 Main Street Dunedin, FL 34698 59-0855412	Health srvcs	FL	501(c)(3)	3	MPMHC	Yes	
(4) Morton Plant Mease Health Services Inc 8452 118th Ave N Largo, FL 33773 59-2600684	Health srvcs	FL	501(c)(3)	9	MPMHC	Yes	
(5) Morton Plant Mease Primary Care Inc 300 S Park Place Blvd Ste 170 Clearwater, FL 33759 59-3140335	Health srvcs	FL	501(c)(3)	9	MPMHC	Yes	

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Morton Plant Mease Primary Care Inc	a(iv)	173,596	FMV
Morton Plant Mease Health Services Inc	a(iv)	1,141,735	FMV
Morton Plant Mease Primary Care Inc	b	4,669,796	FMV
Morton Plant Mease Health Care Foundation	c	3,699,216	FMV
Morton Plant Mease Health Services Inc	k	68,400	FMV
Trustees of Mease Hospital Inc	o	1,745,105	FMV
Morton Plant Mease Health Services Inc	r	2,694,301	FMV
Trustees of Mease Hospital Inc	r	1,940,727	FMV
MFP Inc	s	83,352	FMV

MORTON PLANT MEASE HEALTH CARE, INC. AND AFFILIATES

Combined Financial Statements and Schedules

December 31, 2013

(With Independent Auditors' Report Thereon)

MORTON PLANT MEASE HEALTH CARE, INC.
AND AFFILIATES

Table of Contents

KPMG LLP
Suite 1700
100 North Tampa Street
Tampa, FL 33602-5145

Independent Auditors' Report

The Board of Directors
Morton Plant Mease Health Care, Inc and Affiliates

We have audited the accompanying combined financial statements of Morton Plant Mease Health Care, Inc and Affiliates (the Organization), which comprise the combined balance sheet as of December 31, 2013, and the related combined statements of operations and changes in net assets, and cash flows for the year then ended, and the related notes to the combined financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these combined financial statements in accordance with U S generally accepted accounting principles, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of combined financial statements that are free from material misstatement, whether due to fraud or error

Auditors' Responsibility

Our responsibility is to express an opinion on these combined financial statements based on our audit We did not audit the financial statements of Morton Plant Mease Health Care Foundation, Inc , an indirect controlled subsidiary, which statements reflect total assets of approximately $109,398,000 as of December 31, 2013, and total revenues of approximately $1,272,000 for the year then ended Those statements were audited by other auditors whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for Morton Plant Mease Health Care Foundation, Inc , is based solely on the report of the other auditors We conducted our audit in accordance with auditing standards generally accepted in the United States of America Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the combined financial statements are free from material misstatement

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the combined financial statements The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the combined financial statements, whether due to fraud or error In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the combined financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control Accordingly, we express no such opinion An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the combined financial statements

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

Opinion

In our opinion based on our audit and the report of other auditors, the combined financial statements referred to above present fairly, in all material respects, the combined financial position of Morton Plant Mease Health Care, Inc and Affiliates as of December 31, 2013, and the changes in their net assets, and their cash flows for the year then ended, in accordance with U S generally accepted accounting principles

Other Matters

Our audit was conducted for the purpose of forming an opinion on the combined financial statements as a whole The combining information included in Schedules 1 and 2 is presented for purposes of additional analysis and is not a required part of the combined financial statements Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the combined financial statements The combining information has been subjected to the auditing procedures applied in the audit of the combined financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the combined financial statements or to the combined financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America by use and other auditors In our opinion, based on our audit, the procedures performed as described above, and the report of other auditors, the combining information is fairly stated in all material respects in relation to the combined financial statements as a whole

KPMG LLP

Tampa, Florida
March 20, 2014
Certified Public Accountants

MORTON PLANT MEASE HEALTH CARE, INC.
AND AFFILIATES

Combined Balance Sheet

December 31, 2013

(In thousands)

Assets	
Current assets	
Cash and cash equivalents	$ 5,094
Accounts receivable, less allowance for uncollectible accounts of approximately $106,834	110,085
Inventories	16,184
Prepaid expenses and other current assets	9,372
Total current assets	140,735
Investments	
Unrestricted Investments	16,838
Donor Restricted Investments	50,594
Total Investments	67,432
Assets limited as to use	1,267
Property and equipment, net	520,450
Remainder interest in irrevocable trusts	11,954
Beneficial interest in externally controlled trusts	14,993
Due from affiliates	879,498
Other assets	41,222
Total assets	$ 1,677,551
Liabilities and Net Assets	
Current liabilities	
Accounts payable and accrued expenses	$ 42,340
Employee compensation and benefits	31,217
Estimated third-party settlements	40,677
Current portion of long-term debt	614
Total current liabilities	114,848
Long-term debt and capital leases, less current portion	7,527
Other liabilities	9,130
Total liabilities	131,505
Net assets	
Unrestricted	1,464,387
Temporarily restricted	55,039
Permanently restricted	26,620
Total net assets	1,546,046
Total liabilities and net assets	$ 1,677,551

See accompanying notes to combined financial statements

MORTON PLANT MEASE HEALTH CARE, INC.
AND AFFILIATES

Combined Statement of Operations and Changes in Net Assets

Year ended December 31, 2013

(In thousands)

Operating revenues	
Patient service revenue (net of contractual adjustments and discounts)	$ 1,032,319
Provision for bad debts	(65,357)
Net patient service revenue less provision for bad debts	966,962
Other revenues	24,055
Total operating revenues	991,017
Operating expenses	
Salaries and benefits	442,740
Supplies	179,447
Other expenses	231,590
Depreciation and amortization	57,776
Interest	11,628
Total operating expenses	923,181
Operating income	67,836
Nonoperating gains, net	
Investment income, net	2,379
Other nonoperating gains, net	12,353
Total nonoperating gains, net	14,732
Excess of revenues and gains over expenses	82,568
Net unrealized gains on other-than-trading securities	1,315
Net asset transfers from Joint Operating Agreement participants	92,371
Contributions for purchase of property and equipment	443
Other	2,180
Increase in unrestricted net assets	178,877
Temporarily restricted net assets	
Contributions	9,303
Net realized and unrealized gains on other-than-trading securities	5,159
Net assets released from restrictions for operations	(5,346)
Other	(2,221)
Increase in temporarily restricted net assets	6,895
Permanently restricted net assets	
Contributions	25
Net realized and unrealized gains on other-than-trading securities	1,316
Other	199
Increase in permanently restricted net assets	1,540
Increase in net assets	187,312
Net assets at beginning of year	1,358,734
Net assets at end of year	$ 1,546,046

See accompanying notes to combined financial statements

MORTON PLANT MEASE HEALTH CARE, INC.
AND AFFILIATES

Combined Statement of Cash Flows

Year ended December 31, 2013

(In thousands)

Cash flows from operating activities		
Increase in net assets	$	187,312
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Provision for bad debts		65,357
Depreciation and amortization		57,776
Net asset transfers from Joint Operating Agreement participants		(92,371)
Gain on sale of assets		(68)
Gain on disposition of business		(98)
Change in net unrealized gains on investments		(1,315)
Net realized gains on investments		(1,467)
Restricted contributions		(232)
Changes in		
Accounts receivable, net		(63,911)
Inventories		(683)
Prepaid expenses and other current assets		1,400
Due from affiliates		(102,023)
Other assets		(1,435)
Accounts payable and accrued expenses		922
Employee compensation and benefits		596
Estimated third-party settlements		21,923
Other liabilities		792
Net cash provided by operating activities		72,475
Cash flows from investing activities		
Purchases of property and equipment		(63,313)
Proceeds from the sale of property and equipment		261
Change in irrevocable and externally controlled trusts		(1,802)
Purchases of investments		(51,019)
Proceeds from the sale of investments		43,854
Net cash used in investing activities		(72,019)
Cash flows from financing activities		
Repayments of long-term debt		(572)
Restricted contributions		232
Net cash used in financing activities		(340)
Increase in cash and cash equivalents		116
Cash and cash equivalents at beginning of year		4,978
Cash and cash equivalents at end of year	$	5,094
Supplemental disclosure of cash flow information		
Transfer of equipment to affiliated organization	$	1,915
Acquisition of property and equipment through accrued expenses	$	8,655

See accompanying notes to combined financial statements

(1) Organization

Morton Plant Mease Health Care, Inc and Affiliates (the Organization) was organized pursuant to a partnership agreement between Morton Plant Hospital Association, Inc (Morton Plant) and Trustees of Mease Hospital, Inc (Mease Health Care), effective October 1, 1994 The Organization was organized to prevent unnecessary duplication of services, to provide greater access to healthcare services, and to enhance the quality of care provided

Effective July 1, 1997, the Organization executed a joint operating agreement (JOA) along with Catholic Health East, South Florida Baptist Hospital, Inc (collectively, the Members), and BayCare Health System, Inc (BayCare), to develop a regional healthcare network providing for a collaborative effort in the areas of community healthcare delivery, enhanced access to healthcare services for the poor, and the sharing of other common goals Effective June 1, 2005, the Organization became the sole member and parent of Morton Plant and Mease Health Care Since that date, the parent and subsidiaries have been jointly included in the JOA The JOA provides for the Members to maintain ownership of their assets while agreeing to operate as one organization with common governance and management and is effective for a period of 50 years

Terms of the JOA provide that residual-free cash flow, as defined, as well as funding for capital expenditures, is allocated among the Members based on predetermined percentages The amount allocated to the Organization from the other participants under the JOA totaled approximately $92,371,000 for the year ended December 31, 2013 This amount is included as a component of due from affiliates in the combined balance sheet and net asset transfers from JOA participants in the combined statement of operations and changes in net assets

The partnership agreement established that members of the board of directors of the Organization will be appointed by Morton Plant and Mease Health Care separately The board of trustees of Morton Plant and the board of trustees of Mease Health Care collectively comprise the board of directors of the Organization

The combined financial statements include the accounts of the following not-for-profit organizations, which are exempt from federal and state income taxes

Morton Plant Mease Health Care, Inc (MPMHC) (formerly, Morton Plant Health System, Inc), which owns and operates certain eligible partnership services for the benefit of the community,

Morton Plant Hospital Association, Inc , which operates two acute care hospitals, rehabilitation facilities, and outpatient centers,

Morton Plant Mease Primary Care, Inc , which operates offices in Pinellas and Pasco counties,

Trustees of Mease Hospital, Inc , which operates two acute care hospitals and medical office buildings, and

Morton Plant Mease Health Services, Inc , which operates three outpatient imaging centers, an ambulatory surgery center, two wellness centers, and three medical office buildings

(Continued)

Morton Plant Mease Health Care Foundation, Inc (the Foundation), which engages in fund-raising activities for the benefit of the Organization

In addition, these combined financial statements include the accounts of Morton Plant Mease Health Ventures, Inc., a for-profit company wholly owned by MPMHC and created to invest in certain health ventures, and its subsidiary MFP, Inc., which provides billing and collection services (collectively, Morton Plant Mease Health Ventures)

All significant intercompany transactions among these entities have been eliminated from the combined financial statements

(2) Summary of Significant Accounting Policies

(a) Use of Estimates

The preparation of these combined financial statements, in conformity with accounting principles generally accepted in the United States of America, requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the combined financial statements, and the reported amounts of revenues and expenses during the reporting period Actual results could differ from those estimates

(b) Cash and Cash Equivalents

Cash and cash equivalents include investments in highly liquid instruments with a maturity of three months or less when purchased

(c) Contributions Receivable

Unconditional promises to give the Foundation cash or other assets in the future are recorded as contribution revenue If management expects the cash from the contribution receivable to be received more than one year in the future, the contribution revenue and receivable are discounted to present value The discount rate was 5% for all pledges received through December 31, 2010 and 3% for all pledges received through December 31, 2011 Effective January 1, 2012, the discount rate was 2 5% Such receivables of approximately $10,327,000 are included in other assets in the combined balance sheet

(d) Assets Limited as to Use, Investments, and Investment Income

Assets limited as to use include resident funds and the cash surrender value recoverable from the proceeds of life insurance policies held by the Organization

The Organization has designated substantially all of its investments as other-than-trading Investments in debt and equity securities with readily determinable fair values are measured at fair value using quoted market prices Investment income (including realized gains and losses, interest, and dividends) is included in excess of revenues and gains over expenses unless such earnings are subject to donor-imposed restrictions Investment income restricted by donor stipulations is reported as an increase in temporarily restricted net assets Unrealized gains and losses on investments are reported as a change in unrestricted net assets

(Continued)

(e) Inventories

Inventories consist principally of medical and surgical supplies and pharmaceuticals and are valued at lower of cost (first-in, first-out method) or market

(f) Property and Equipment

Property and equipment are recorded at historical cost at the date of acquisition or fair value at the date of donation

Depreciation and amortization expense is calculated using the straight-line method over the estimated useful lives of the property and equipment or the lease term, whichever is less Routine maintenance and repairs are charged to expense as incurred Expenditures that increase capacities or extend useful lives are capitalized Interest cost on borrowed funds during the construction period is capitalized as a component of the cost of the assets

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support, and are excluded from revenues and gains over expenses, unless explicit donor stipulations specify how the donated assets must be used Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support Absent explicit donor stipulations about how long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service Property and equipment consist of the following as of December 31, 2013 (in thousands)

Land	$	46,077
Land improvements		24,414
Buildings and improvements		618,472
Equipment		410,179
		1,099,142
Less accumulated depreciation and amortization		642,055
		457,087
Construction in progress		63,363
Property and equipment, net	$	520,450

Interest costs of approximately $988,000 were capitalized during the year ended December 31, 2013 Included in buildings and equipment are assets leased under capital leases with a net book value of approximately $5,393,000, net of accumulated amortization of approximately $6,313,000 as of December 31, 2013

The Organization has construction commitments of approximately $71,788,000 relating to various construction projects as of December 31, 2013 The Organization expects to fund substantially all of those commitments through operations and the investment program managed by BayCare

The Organization reviews whether events and circumstances have occurred to indicate if the remaining useful life of long-lived assets may warrant revision or that the remaining balance of an asset may not be recoverable If such an event occurs, an assessment of possible impairment is based on whether the carrying amount of the assets exceeds the expected total undiscounted cash flows expected to result from the use of the assets and their eventual disposition If the undiscounted cash flows are less than the net book value of the assets, an impairment loss based on the fair value of the assets is recognized No impairments were recorded in 2013

(g) Remainder Interest in Irrevocable Trusts

The fair value of irrevocable trust agreements in which the Foundation has a remainder interest is recorded in the period the gift is received, unless management expects the cash from these contributions to be received more than one year in the future Such irrevocable trust agreements amounting to approximately $11,954,000 at December 31, 2013 are discounted using the Internal Revenue Service discount rate in effect at the date of the gift

(h) Beneficial Interest in Externally Controlled Trusts

The Foundation receives income from certain trusts, which are neither in its possession nor under its control These external endowment assets are invested and managed by outside trustees in accordance with trust instruments established by the respective donors and, therefore, are not subject to the Foundation's investment and spending policies The Foundation was the beneficiary of such trusts having an aggregate fair value, measured at the present value of the estimated future distributions expected to be received over the expected term of the agreements, of approximately $14,993,000 at December 31, 2013

(i) Donor-Restricted Gifts

Unconditional promises to give cash and other assets to the Organization are reported at fair value at the date the promise is received Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the combined statement of operations and changes in net assets as net assets released from restrictions Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying combined financial statements

(j) Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Organization has been limited by donors to a specific time period or purpose Temporarily restricted net assets are maintained primarily for

the purposes of patient care related services, capital improvements, and research and education During the year ended December 31, 2013, approximately $5,346,000 of temporarily restricted net assets were released for payment of operating expenses Permanently restricted net assets have been restricted by donors to be maintained by the Organization in perpetuity

(k) Gift Annuity Contracts

On November 19, 1987, the Foundation received a certificate of authority from the State of Florida Insurance Commissioner to directly market and manage gift annuity contracts

For consideration received, the Foundation pays a fixed annuity amount to the donors for their lifetimes The annuity amount is dependent upon the amount of the gift and the actuarially determined remaining life of the donors

The net present values of obligations under gift annuity contracts of approximately $7,178,000 are included in other liabilities in the combined balance sheet at December 31, 2013, based upon the donor life expectancy and discount rates prescribed by the Internal Revenue Service's actuarial model at the date of the gift and are held consistent subsequent to that date The excess of the annuity gift received over the recorded liability is recorded as revenue in the year of receipt The board of directors can designate all or part of this excess as a reserve to ensure fulfillment of the obligations related to the gift annuity contracts

(l) Net Patient Service Revenue

Net patient service revenue is reported at estimated net realizable amounts from patients, third-party payors, and others for services rendered, and includes estimated retroactive revenue adjustments due to future audits, reviews, and investigations The Organization has agreements with third-party payors that provide for payments to the Organization at amounts different from its established rates Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments The Organization provides discounts to uninsured patients who do not qualify for Medicaid, charity care, or county funding

Revenue from the Medicare and Medicaid programs accounted for approximately 43% and 7% and of the Organization's net patient service revenue for the year ended December 31, 2013 The composition of patient service revenue (net of contractual adjustments and discounts) but before the provision for bad debts recognized from these major payor sources is as follows (in thousands)

	Third-party payors	Self-pay	Total all payors
Patient service revenue (net of contractual adjustments and discounts)	$ 992,679	39,640	1,032,319

The Organization analyzes its past collection history and identifies trends by each of its major payor sources of patient service revenue to estimate the appropriate allowance for doubtful accounts and

provision for bad debts Management regularly reviews data about the major payor sources of patient service revenue in evaluating the adequacy of the allowance for doubtful accounts

The Organization analyzes contractual amounts due from patients who have third-party coverage and provides an allowance for doubtful accounts and a provision for bad debts For self-pay patients, which includes those patients without insurance coverage and patients with deductibles and copayment balances for which third-party coverage exists for a portion of the bill, the Organization records a significant provision for bad debts for patients that are unwilling to pay for the portion of the bill representing their financial responsibility Account balances are charged off against the allowance for doubtful accounts after all means of collection have been exhausted The Organization follows established guidelines for placing certain past-due patient balances with a collection agency

The Organization's allowance for uncollectible accounts for self-pay patients was 41% of self-pay accounts receivable as of December 31, 2013 The Organization has not experienced significant changes in write-off trends and has not changed its uninsured discount or charity care policies for the year ended December 31, 2013

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation As a result, there is at least a reasonable possibility that recorded estimates associated with these programs will change by a material amount in the near term As a result, provisions for third-party payor settlements and adjustments are estimated in the period the related services are provided and adjusted in future periods as additional information becomes available and as final settlements are determined or as years are no longer subject to audits, reviews and investigations Net patient service revenue increased approximately $6,025,000 during the year ended December 31, 2013 due to final settlements on open cost report filings, specific settlement of certain appeal issues, and changes in recorded estimates for retroactive adjustments

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements Net patient accounts receivable included approximately $35,452,000, or 32%, due from the Medicare program and approximately $8,520,000, or 8%, due from the Medicaid program as of December 31, 2013 The credit risk for other concentrations of receivables is limited due to the large number of insurance companies and other payors that provide payments for services

(m) Community Commitment

The Organization exists to meet the healthcare needs of the community Patients who are uninsured or underinsured and cannot pay for hospital services are eligible for either traditional or hardship charity consideration

The Agency for Health Care Administration (AHCA) defines traditional charity care eligibility at 200% of the federal poverty guidelines, unless the amount due from the patient exceeds 25% of annual family income limited to four times the poverty level In an effort to meet its mission, the Organization affords its patients a hardship charity, which is defined as 250% of the federal poverty guidelines Accordingly, services are being provided to the community at no charge or for which

costs exceed the payments received Because payment is not pursued from patients meeting these guidelines, such amounts are not reported as net patient service revenue

Payments received from Medicaid and other means-tested (based on patients' income level) programs are significantly less than established patient charges and are less than management's estimate of the costs of providing those services These payments reduce the community commitment costs An assessment of 1 0% to 1 5% of certain operating revenue earned and recorded is paid by the Organization to help fund the Florida Medicaid and indigent care program The assessment has been included in the Medicaid and other means-tested program amounts below Reimbursement received under the uncompensated and indigent care programs are included as subsidized costs

Unbilled community services represent management's estimate of the cost of providing various programs to the community at no or little charge These programs include health screenings, educational programs, sponsorships, and research

The table below is a summary of the Organization's community commitment as measured by unreimbursed costs (estimated by the Organization's cost accounting system) as of December 31, 2013 (in thousands)

	Charity care	Medicaid and other means-tested programs	Unbilled community services	Total
Community commitment	$ 49,070	41,654	4,086	94,810
Subsidized costs	—	(1,041)	—	(1,041)
Net community commitment	$ 49,070	40,613	4,086	93,769

(n) Electronic Health Record Incentive Payments

The American Recovery and Reinvestment Act of 2009 provides for incentive payments under the Medicare and Medicaid programs for certain hospitals and professionals that adopt and use electronic health records (EHR) in a meaningful way Meaningful use is demonstrated by meeting established criteria that focus on capturing and using electronic health information to improve health care quality, efficiency, and patient safety

The Organization records incentive payments under the grant accounting model Revenue is recorded at the end of the EHR reporting period when it is reasonably assured that it has met the meaningful use requirements The Organization recognized approximately $606,000 of incentive payments in other revenues for the year ended December 31, 2013 Incentive payment revenue is subject to change as the result of audits of compliance with meaningful use criteria and Medicare cost reports, with changes recorded in the period they occur

(o) Excess of Revenues and Gains over Expenses and Changes in Unrestricted Net Assets

Activities deemed by the Organization to be a provision of healthcare services are reported as operating revenues and expenses Other activities that are peripheral to providing healthcare services are reported as nonoperating gains and losses Consistent with industry practice, other changes in unrestricted net assets are excluded from excess of revenues and gains over expenses

(p) Income Taxes

The majority of the affiliates within the Organization are not-for-profit organizations described in Section 501(c)(3) of the Internal Revenue Code, and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Internal Revenue Code, and are also exempt from state taxes Management believes that the unrelated business income generated by the Organization and its exempt affiliates is not material to the combined financial statements

(q) Fair Value Measurements

The Organization applies the provisions of Financial Accounting Standards Board Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurements and Disclosures*, to fair value measurements of financial and nonfinancial assets and liabilities that are recognized or disclosed at fair value in the combined financial statements on a recurring and nonrecurring basis

Fair value guidance defines fair value as the exit price that would be received to sell an asset or paid to transfer a liability under the current market conditions, in the principal or most advantageous market to the asset or liability, in an orderly transaction between market participants on the measurement date It requires assets and liabilities to be grouped into three categories based on certain criteria as noted below

- Level 1 Fair value is determined by using quoted prices for identical assets or liabilities in active markets

  The Organization's Level 1 assets include trading and other-than-trading investments in U S and international equities, mutual funds, fixed income, and exchange traded products and are valued at the quoted market prices

- Level 2 Fair value is determined by using quoted prices for identical assets or liabilities in inactive markets, quoted prices for similar assets or liabilities in active markets, observable inputs other than quoted prices, and market corroborated inputs

  The Organization's Level 2 assets include trading and other-than-trading investments valued using the estimated net asset value per share of the investments and commingled mutual funds, International Securities, U S Treasuries, other government securities, corporate debt securities, global securities, derivatives, exchange-traded funds, and asset-backed securities with fair values modeled by external pricing vendors

- Level 3 Fair value is determined by using inputs based on various assumptions that are not directly observable

The Organization's Level 3 assets include property and estates and externally controlled trusts and endowments relating to the remainder interest in irrevocable trusts and the beneficial interest in externally controlled trusts

(3) Assets Limited as to Use and Investments

The table below summarizes the fair values of the Organization's assets limited as to use and the Foundation's investments as of December 31, 2013 (in thousands) See note 2(q) for a discussion of valuation methodologies

	December 31, 2013	Fair value measurements at reporting date	
		Level 1	Level 2
Asset class			
Cash	$ 5,664	5,664	—
Equity securities			
U S	27,971	27,971	–
International	14,670	14,352	318
Fixed income securities			
Core	15,568	7,556	8,012
Global	883	—	883
Other types of investments			
Real assets	3,943	3,943	–
	$ 68,699	59,486	9,213

There were no reportable transfers between levels during the year

Investment income and gains for the year ended December 31, 2013 comprise the following (in thousands)

Investment income	
Interest and dividends	$ 912
Net realized gains on investments	1,467
	2,379
Other changes in net assets	
Changes in net unrealized gains on other-than-trading securities	1,315
	1,315
Total investment return	$ 3,694

Investment income is recorded net of investment expense, which was approximately $393,000 for the year ended December 31, 2013

(4) Long-Term Debt and Capital Leases

The Organization is obligated under long-term debt as of December 31, 2013 (in thousands)

Mease Countryside medical office building capital lease, interest at 8 73%, payable through 2022	$	4,283
Orthopedic Pavilion office building capital lease, interest at 9 13%, payable through 2024		3,552
Other		306
		8,141
Less current portion of long-term debt		(614)
Long-term debt, less current portion	$	7,527

Aggregate maturities of long-term debt and capital lease obligations as of December 31, 2013 (in thousands) are as follows

2014	$	614
2015		656
2016		710
2017		967
2018		833
Thereafter		4,361
	$	8,141

The carrying amount of the Institute's long-term debt approximates its fair value at December 31, 2013

(5) Goodwill

Goodwill of approximately $14,023,000, included in other assets, results from the excess of the amount paid over the fair value of tangible assets and liabilities of acquired healthcare businesses The Organization reviews goodwill for impairment at least annually or whenever events or circumstances indicate that the carrying value may not be recoverable in accordance with the provisions of FASB ASC Topic 350, *Accounting for Intangibles – Goodwill and Other*

The annual impairment test was completed and it was determined that no impairment existed at December 31, 2013 No recent events or circumstances have occurred to indicate that impairment may exist

(6) Commitments and Contingencies

(a) Professional Liability

Effective October 1, 1998, the Organization became insured through an insurance agreement with BayCare's wholly owned insurance captive for all incidents reported after September 30, 1998 The

insurance provided by the captive is on a claims-made basis The estimated liability for known claims and claims incurred but not reported is recorded in BayCare's combined financial statements

(b) Litigation

The Organization is currently the subject of litigation other than professional liability litigation, as well as inquiries by federal agencies The litigation generally involves matters of healthcare and employment law, as well as certain matters, which arise in the ordinary course of business The inquiries generally involve the application of complex healthcare regulations The Organization is fully cooperating with the federal agencies in connection with their inquires Based on current information, management believes at this time that the results of the litigation are not likely to have a material adverse effect on the combined financial position and results of the Organization

On November 19, 2012, the Organization entered into a settlement agreement with the federal government to resolve allegations that the organization along with two affiliated Catholic Health East BayCare participants violated the False Claims Act related to the statusing of certain Medicare patients who were billed as inpatients from 2006 to 2008 primarily with respect to cardiac procedures The Organization also entered into a 5-year Corporate Integrity Agreement as part of the settlement

(c) Operating Leases

The Organization leases various equipment and facilities under operating leases expiring at various dates Rental expense for operating leases totaled approximately $8,215,000 for the year ended December 31, 2013

Future minimum payments required under noncancelable operating leases for each of the five years subsequent to December 31, 2013 and thereafter (in thousands) are as follows

2014	$	4,406
2015		3,826
2016		3,290
2017		2,354
2018		1,641
Thereafter		4,151
Total	$	19,668

(7) Retirement Plan

The Organization participates in the BayCare Health System Retirement Plan (the Plan), a defined contribution plan that covers substantially all employees who meet certain service requirements For these employees, the Plan provides that the Organization will contribute 2% of wages and also match 50% of the employee's contributions up to 6% of the contributing employee's wages Total contribution expense attributable to the Plan for the year ended December 31, 2013 was approximately $11,871,000

(8) Related-Party Transactions

The Organization has entered into agreements with BayCare, whereby the Organization is assessed for certain management fees, professional liability, property, and workers' compensation insurance, interest expense, depreciation, employee health benefits, marketing, planning, information services, finance and treasury services, and other services The Organization was assessed approximately $132,526,000 by BayCare during the year ended December 31, 2013

MPMHC, Trustees of Mease Hospital, Inc., and Morton Plant Hospital Association, Inc are members of the BayCare Obligated Group, which consists of certain members of BayCare (collectively, the Obligated Entities) All of the outstanding bonds of the Obligated Entities are subject to a Master Trust Indenture and constitute BayCare Obligated Group indebtedness The outstanding amount of BayCare Obligated Group bond proceeds received to date by the Organization are included in due from affiliates in the accompanying combined balance sheet The covenants in connection with the long-term debt agreements described above provide for the maintenance of certain levels of debt coverage and working capital, certain restrictions on additional indebtedness, and certain types and amounts of insurance protection As a member of the BayCare Obligated Group, the Obligated Entities are liable for the BayCare Obligated Group bonds and other debt of the BayCare Obligated Group of approximately $974,720,000 as of December 31, 2013

Since bond payments are made at the BayCare level, Obligated Group entities are allocated an interest expense charge from BayCare As these payments are not made at the Obligated Group entity level, the combined statement of cash flows does not contain recognition and/or disclosure related to debt and interest payments on the outstanding bonds Due from affiliates is a noncurrent asset since management of the Organization does not expect the amount to be paid during 2014 The balance consists of the net cash flows of the Organization transferred to BayCare, less amounts paid by BayCare and Affiliates on behalf of the Organization

(9) Subsequent Events

The Organization has evaluated events and transactions occurring subsequent to December 31, 2013 as of March 20, 2014, which is the date the combined financial statements were available to be issued Management believes that no material events have occurred since December 31, 2013 that requires recognition or disclosure

COMBINING INFORMATION

Schedule 1

MORTON PLANT MEASE HEALTH CARE, INC AND AFFILIATES

Combining Schedule – Balance Sheet Information

December 31, 2013

(In thousands)

Assets	Morton Plant Mease Health Care	Morton Plant Hospital	Morton Plant North Bay Hospital	Morton Plant Rehabilitation Center	Morton Plant Physician Services	Morton Plant Health Services	Morton Plant Mease Health Ventures	Mease Hospitals	Mease Medical Offices	Subtotal	Morton Plant Mease HealthCare Foundation	Eliminations	Combined
Current assets													
Cash and cash equivalents	$ (40)	797	1	14	29	189	3,471	320	—	4,781	313	—	5,094
Accounts receivable, net	1,349	51,674	10,549	2,230	1,820	3,231	—	39,232	—	110,085	—	—	110,085
Inventories	69	8,260	1,792	—	13	216	—	5,834	—	16,184	—	—	16,184
Prepaid expenses and other current assets	579	2,973	416	15	1,761	87	652	2,695	194	9,372	—	—	9,372
Total current assets	1,957	63,704	12,758	2,259	3,623	3,723	4,123	48,081	194	140,422	313	—	140,735
Investments													
Unrestricted Investments	—	—	—	—	—	—	—	—	—	—	16,838	—	16,838
Donor Restricted Investments	—	—	—	—	—	—	—	—	—	—	50,594	—	50,594
Total Investments	—	—	—	—	—	—	—	—	—	—	67,432	—	67,432
Assets limited as to use	—	—	—	1	1,266	—	—	—	—	1,267	—	—	1,267
Property and equipment, net	5,355	227,962	82,652	3,607	2,104	27,134	131	164,614	6,445	520,004	446	—	520,450
Remainder interest in irrevocable trusts	—	—	—	—	—	—	—	—	—	—	11,954	—	11,954
Beneficial interest in externally controlled trusts	—	—	—	—	—	—	—	—	—	—	14,993	—	14,993
Beneficial interest in net assets of foundation	100,632	—	—	—	—	—	—	—	—	100,632	—	(100,632)	—
Due from affiliates	160,814	482,358	(79 621)	(1 305)	—	7,513	804	297,988	10,947	879,498	—	—	879,498
Other assets	18	20,099	17	1	129	949	1	5,748	—	26,962	14,260	—	41,222
Total assets	$ 268,776	794,123	15,806	4,563	7,122	39,319	5,059	516,431	17,586	1,668,785	109,398	(100,632)	1,677,551
Liabilities and Net Assets													
Current liabilities													
Accounts payable and accrued expenses	$ 4,337	17,914	3,380	523	2,027	389	1,955	11,443	11	41,979	361	—	42,340
Employee compensation and benefits	7,290	9,171	2,851	705	2,830	711	61	7,598	—	31,217	—	—	31,217
Estimated third-party settlements	—	29,018	993	224	—	—	—	10,442	—	40,677	—	—	40,677
Current portion of long-term debt	—	170	10	—	—	35	28	371	—	614	—	—	614
Total current liabilities	11,627	56,273	7,234	1,452	4,857	1,135	2,044	29,854	11	114,487	361	—	114,848
Long-term debt and capital leases less current portion	—	3,382	227	—	—	6	—	3,912	—	7,527	—	—	7,527
Other liabilities	13	93	31	—	55	405	—	128	—	725	8,405	—	9,130
Total liabilities	11,640	59,748	7,492	1,452	4,912	1,546	2,044	33,894	11	122,739	8,766	—	131,505
Net assets													
Unrestricted	175,852	734,001	8,314	3,110	2,210	37,773	3,015	482,537	17,575	1,464,387	19,647	(19 647)	1,464,387
Temporarily restricted	54,664	374	—	1	—	—	—	—	—	55,039	54,365	(54,365)	55,039
Permanently restricted	26,620	—	—	—	—	—	—	—	—	26,620	26,620	(26,620)	26,620
Total net assets	257,136	734,375	8,314	3,111	2,210	37,773	3,015	482,537	17,575	1,546,046	100,632	(100,632)	1,546,046
Total liabilities and net assets	$ 268,776	794,123	15,806	4,563	7,122	39,319	5,059	516,431	17,586	1,668,785	109,398	(100,632)	1,677,551

See accompanying independent auditors' report.

Schedule 2

MORTON PLANT MEASE HEALTH CARE, INC
AND AFFILIATES

Combining Schedule – Statement of Operations and Changes in Net Assets Information

Year ended December 31 2013

(In thousands)

	Morton Plant Mease Health Care	Morton Plant Hospital	Morton Plant North Bay Hospital	Morton Plant Rehabilitation Center	Morton Plant Physician Services	Morton Plant Health Services	Morton Plant Mease Health Ventures	Mease Hospitals	Mease Medical Offices	Eliminations	Subtotal	Morton Plant Mease HealthCare Foundation	Eliminations	Combined
Operating revenues														
Patient service revenue (net of contractual adjustments and discounts)	$ 18,178	462,111	110,975	16,784	42,224	38,003	—	344,044	—	—	1,032,319	—	—	1,032,319
Provision for bad debts	(1,037)	(29,116)	(9,361)	(302)	(867)	(1,651)	—	(22,341)	—	—	(64,675)	(682)	—	(65,357)
Net patient service revenue less provision for bad debts	17 141	432,995	101 614	16,482	41 357	36,352	—	321,703	—	—	967 644	(682)	—	966,962
Other revenues	1,811	3,224	799	12	2,746	5,195	4,845	3,891	1,152	(866)	22,809	1,246	—	24,055
Total operating revenues	18,952	436,219	102,413	16,494	44,103	41,547	4,845	325,594	1,152	(866)	990,453	564	—	991,017
Operating expenses														
Salaries and benefits	50,015	144,324	49,264	9,556	50,277	11,496	2,260	123,729	—	—	440,921	1,819	—	442,740
Supplies	1 476	98,202	14 443	2,406	2 869	3,759	93	55,560	27	—	178 835	612	—	179,447
Other expenses	(24,742)	115,181	29,735	4,752	1,397	22,410	1,828	75,639	401	(866)	225,735	5,855	—	231,590
Depreciation and amortization	2 336	24,687	6 729	330	1 180	3,825	69	18,177	423	—	57 756	20	—	57,776
Interest	—	4,776	1,472	—		33	2	5,345	—	—	11,628	—	—	11,628
Total operating expenses	29,085	387,170	101,643	17,044	55,723	41,523	4,252	278,450	851	(866)	914,875	8,306	—	923,181
Operating income (loss)	(10,133)	49,049	770	(550)	(11,620)	24	593	47,144	301	—	75,578	(7,742)	—	67,836
Nonoperating gains, net														
Investment income net	(7)	115	—	1	3	29	—	—	16	—	157	2,222	—	2,379
Other nonoperating gains (losses), net	8,088	171	(3)	—	105	1,735	—	74	—	—	10,170	5,173	(2,990)	12,353
Total nonoperating gains (losses), net	8,081	286	(3)	1	108	1,764	—	74	16	—	10,327	7,395	(2,990)	14,732
Excess (deficiency) of revenues and gains over expenses	(2,052)	49,335	767	(549)	(11,512)	1,788	593	47,218	317	—	85,905	(347)	(2,990)	82,568
Net unrealized gains on other-than-trading securities	—	—	—	—	—	—	—	—	—	—	—	1,315	—	1,315
Net asset transfers from joint operating agreement participants	92 371	—	—	—	—	—	—	—	—	—	92 371	—	—	92,371
Contributions for purchases of property and equipment	443	—	—	—	—	—	—	—	—	—	443	—	—	443
Transfer to affiliates	(9,329)	—	—	—	9 329	—	—	—	—	—	—	—	—	—
Other	—	—	—	—	—	158	—	—	—	—	158	2,022	—	2,180
Increase (decrease) in unrestricted net assets	81,433	49,335	767	(549)	(2,183)	1,946	593	47,218	317	—	178,877	2,990	(2,990)	178,877
Temporarily restricted net assets														
Contributions	—	232	—	—	—	—	—	—	—	—	232	9,071	—	9,303
Net realized and unrealized gains on other-than-trading securities	—	—	—	—	—	—	—	—	—	—	—	5,159	—	5,159
Change in beneficial interest in net assets of foundation	6 862	—	—	—	—	—	—	—	—	—	6 862	—	(6,862)	—
Net assets released from restrictions for operations	(18)	(181)	—	—	—	—	—	—	—	—	(199)	(5,147)	—	(5,346)
Other	—	—	—	—	—	—	—	—	—	—	—	(2,221)	—	(2,221)
Increase in temporarily restricted net assets	6,844	51	—	—	—	—	—	—	—	—	6,895	6,862	(6,862)	6,895
Permanently restricted net assets														
Contributions	—	—	—	—	—	—	—	—	—	—	—	25	—	25
Net realized and unrealized gains on other-than-trading securities	—	—	—	—	—	—	—	—	—	—	—	1,316	—	1,316
Change in beneficial interest in net assets of foundation	1,541	—	—	—	—	—	—	—	—	—	1,541	—	(1,541)	—
Other	(1)	—	—	—	—	—	—	—	—	—	(1)	200	—	199
Increase in permanently restricted net assets	1,540	—	—	—	—	—	—	—	—	—	1,540	1,541	(1,541)	1,540
Increase (decrease) in net assets	89 817	49,386	767	(549)	(2,183)	1,946	593	47,218	317	—	187 312	11,393	(11,393)	187,312
Net assets, beginning of year	167,319	684,989	7,547	3,660	4,393	35,827	2,422	435,319	17,258	—	1,358,734	89,239	(89,239)	1,358,734
Net assets, end of year	$ 257,136	734,375	8,314	3,111	2,210	37,773	3,015	482,537	17,575	—	1,546,046	100,632	(100,632)	1,546,046

See accompanying independent auditors' report