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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
MORTON PLANT MEASE HEALTH CARE FOUNDATION INC

Doing business as

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

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

D Employer identification number
59-1751535

E Telephone number
(727)462-7036

G Gross receipts $ 46,826,942

F Name and address of principal officer
ERNESTINE BEAN CFRE
1200 DRUID ROAD SOUTH
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 MPMF ORG

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

L Year of formation 1977

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
RAISING PHILANTHROPIC SUPPORT FOR PROGRAMS AT FOUR HOSPITALS OF MORTON PLANT MEASE HEALTH CARE

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	27
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	27
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	46
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	10,403,241	5,054,324
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,776,328	5,165,296
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-62,037	-51,517
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,117,532	10,168,103
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,829,628	8,337,771
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,818,685	1,505,503
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶831,929		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,024,296	1,010,847
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,672,609	10,854,121
19	Revenue less expenses Subtract line 18 from line 12	7,444,923	-686,018

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	109,398,253	107,382,572
21	Total liabilities (Part X, line 26)	8,765,826	9,090,615
22	Net assets or fund balances Subtract line 21 from line 20	100,632,427	98,291,957

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

****** | 2015-06-12
Signature of officer | Date

ERNESTINE BEAN CFRE PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
CARR RIGGS INGRAM LLC	CARR RIGGS INGRAM LLC			P00044491

Firm's name ▶ CARR RIGGS & INGRAM LLC — Firm's EIN ▶ 72-1396621

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the 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 $ 3,726,147 including grants of $ 3,541,500) (Revenue $)

PROVIDING SUPPORT TO ENHANCE QUALITY OF CLINICAL CARE FROM MORTON PLANT MEASE NURSES, PHYSICIANS AND VOLUNTEERS, INCLUDING PATHWAYS BEHAVIORAL HEALTH PROGRAM, IMPACT CONCUSSION ASSESSMENT PROGRAM FOR STUDENT ATHLETES, DR GEORGE MORRIS EARN AS YOU LEARN NURSING EDUCATION PROGRAM, FAMILY MEDICINE RESIDENCY CLINICAL TRAINING, MULTIPLE NURSING SCHOLARSHIPS, CLINICAL PASTORAL EDUCATION FOR CLERGY, AND VOLUNTEER RECOGNITION SEE SECTION O FOR A DETAILED DESCRIPTION OF EACH PROGRAM REQUESTED BY THE HOSPITALS OF MORTON PLANT MEASE

4b (Code) (Expenses $ 2,332,770 including grants of $ 2,202,315) (Revenue $)

PROVIDING DISEASE SPECIFIC PROGRAMS TO IMPROVE THE HEALTH OF THE COMMUNITY, INCLUDING CAPSS PROGRAM PROVIDING SUPPORT TO PATIENTS FIGHTING CANCER, COMPREHENSIVE BREAST HEALTH PROGRAM, DIABETES CARE AND EDUCATION, CONGESTIVE HEART FAILURE CLINIC AT MORTON PLANT HOSPITAL, COMMUNITY OUTREACH SUPPORT PARTNERSHIPS FUNDED THROUGH GRANTS TO THE HOSPITALS OF MPM, MADONNA PTAK ALZHEIMER'S RESEARCH CENTER, AND PALLIATIVE CARE SEE SECTION O FOR A DETAILED DESCRIPTION OF EACH PROGRAM REQUESTED BY THE HOSPITALS OF MORTON PLANT MEASE

4c (Code) (Expenses $ 2,589,085 including grants of $ 2,444,297) (Revenue $)

PROVIDING CAPITAL SUPPORT TO THE HOSPITALS OF MORTON PLANT MEASE, INCLUDING MAZOR ROBOTICS-RENAISSANCE SYSTEM FOR BRAIN AND SPINE SURGERY,STATE-OF-THE-ART RENOVATIONS FOR MEASE DUNEDIN'S EMERGENCY DEPARTMENT, 3D TOMOSYNTHESIS UPGRADE AND BREAST ULTRASOUND REPLACEMENTS FOR SUSAN CHEEK NEEDLER BREAST CENTERS, TAMPA BAY'S FIRST HIGH-SPEED ALTER G TREADMILL, GIRAFFE OMNIBED ALL-IN-ONE NEONATAL CARE STATION, AND NEW CARE VANS FOR VOLUNTEER RESOURCES SEE SECTION O FOR A DETAILED DESCRIPTION OF EACH CAPITAL GRANT REQUESTED BY THE HOSPITALS OF MORTON PLANT MEASE

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses $ 185,169 including grants of $ 149,659) (Revenue $)

4e **Total program service expenses** ▶ 8,833,171

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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, 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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, 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	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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 domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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 "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, 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**		No
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**		
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	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
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			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
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		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring 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**	27		
	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**	27		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	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**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

			Yes	No
10a	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**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," 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**		

Section C. Disclosure

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

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, address, and telephone number of the person who possesses the organization's books and records ▶ MS KATHRYN LANE

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

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

Check if Schedule O contains a response 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) . . . . . ▶								637,788	2,007,308	369,645

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 ▶4

			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

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 ▶0

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	388,945			
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,665,379			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		5,054,324			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶					
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,989,660			1,989,660
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	39,572,567				
	b	Less cost or other basis and sales expenses	36,396,931				
	c	Gain or (loss)	3,175,636				
	d	Net gain or (loss) . . . . . ▶		3,175,636			3,175,636
Other Revenue	8a	Gross income from fundraising events (not including $ 388,945 of contributions reported on line 1c) See Part IV, line 18 . . a	210,341				
	b	Less direct expenses . . . b	261,908				
	c	Net income or (loss) from fundraising events . . ▶		-51,567			-51,567
	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 . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	900099	50	50		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		50			
	12	**Total revenue.** See Instructions . . . . . ▶		10,168,103	50	0	5,113,729

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 domestic organizations and domestic governments See Part IV, line 21	8,337,771	8,337,771		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	392,084	39,208	187,533	165,343
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	819,302	219,302	288,905	311,095
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	80,986	17,282	31,852	31,852
9 Other employee benefits	126,749	27,049	49,850	49,850
10 Payroll taxes	86,382	18,434	33,974	33,974
11 Fees for services (non-employees)				
a Management				
b Legal	1,524		762	762
c Accounting	39,540		39,540	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	411,804		411,804	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	227,551	95,739	4,746	127,066
12 Advertising and promotion	28,479	4,002	8,617	15,860
13 Office expenses	69,596	11,242	38,474	19,880
14 Information technology				
15 Royalties				
16 Occupancy	151,449	44,804	61,611	45,034
17 Travel	22,920	6,848	9,224	6,848
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,732	3,549	3,634	3,549
20 Interest	744		744	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,760	3,352	6,704	6,704
23 Insurance				
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 MISCELLANEOUS	29,748	4,589	11,047	14,112
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	10,854,121	8,833,171	1,189,021	831,929
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		550	1	550
	2	Savings and temporary cash investments		312,219	2	539,589
	3	Pledges and grants receivable, net		10,326,544	3	9,478,719
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	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			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		151,936	9	192,257
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,498,665			
	b	Less accumulated depreciation	10b 998,896	445,874	10c	499,769
	11	Investments—publicly traded securities		67,431,565	11	65,534,572
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		30,729,565	15	31,137,116
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		109,398,253	16	107,382,572
Liabilities	17	Accounts payable and accrued expenses		361,182	17	381,695
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	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			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		8,404,644	25	8,708,920
	26	**Total liabilities.** Add lines 17 through 25		8,765,826	26	9,090,615
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		19,647,650	27	19,147,962
	28	Temporarily restricted net assets		54,364,737	28	52,282,588
	29	Permanently restricted net assets		26,620,040	29	26,861,407
		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		100,632,427	33	98,291,957
	34	Total liabilities and net assets/fund balances		109,398,253	34	107,382,572

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	10,168,103
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,854,121
3	Revenue less expenses Subtract line 2 from line 1	3	-686,018
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	100,632,427
5	Net unrealized gains (losses) on investments	5	-2,131,341
6	Donated services and use of facilities	6	21,270
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	455,619
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	98,291,957

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: 59-1751535

Name: MORTON PLANT MEASE HEALTH CARE FOUNDATION INC

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code	) (Expenses $	185,169	including grants of $	149,659	) (Revenue $	)	

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			
(1) JAMES WATROUS CHAIRMAN	6 00	X		X				0	0	0
(1) STEVEN L CASS VICE CHAIR	6 00	X		X				0	0	0
(2) DOUGLAS R BIRCH CPA TREASURER	6 00	X		X				0	0	0
(3) ROZ DOYLE SECRETARY	6 00	X		X				0	0	0
(4) KATE ALLENMD DIRECTOR	1 00	X						0	0	0
(5) LEAH BERGOFFEN DIRECTOR	1 00	X						0	0	0
(6) JENNIFER BUCK MD DIRECTOR	1 00	X						0	0	0
(7) EARLE COOPER DIRECTOR	1 00	X						0	0	0
(8) RICHARD DIMMITT DIRECTOR	1 00	X						0	0	0
(9) RUTHY DUPONT DIRECTOR	1 00	X						0	0	0
(10) ROBERT ENTEL MD DIRECTOR	1 00	X						0	0	0
(11) BILL FISHER DIRECTOR	1 00	X						0	0	0
(12) BILL FRANCISCO DIRECTOR	1 00	X						0	0	0
(13) BRUCE E FYFE DIRECTOR	2 00	X						0	0	0
(14) STEVE HAIRE MD DIRECTOR	2 00	X						0	0	0
(15) BETTY ISLER CPA DIRECTOR	2 00	X						0	0	0
(16) BRUCE LAUER DIRECTOR	1 00	X						0	0	0
(17) MOLLY LEA DIRECTOR	3 00	X						0	0	0
(18) ANDREW LYNN DIRECTOR	1 00	X						0	0	0
(19) JAMES A MARTIN JR DIRECTOR	1 00	X						0	0	0
(20) MARY ANN MCARTHUR DIRECTOR	2 00	X						0	0	0
(21) SANDY MILLER DIRECTOR	1 00	X						0	0	0
(22) PAUL PHILLIPS MD DIRECTOR	2 00	X						0	0	0
(23) NANCY RIDENOUR CPA DIRECTOR	2 00	X						0	0	0
(24) PARKER STAFFORD DIRECTOR	3 00	X						0	0	0

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			
(26) KATE TIEDEMANN DIRECTOR	2 00	X						0	0	0
(1) KRIS HOCE DIRECTOR	1 00 45 00	X						0	512,663	94,457
(2) LARRY F HARMON CPA VICE PRESIDENT AND CFO	55 00			X				181,860	0	23,132
(3) ERNESTINE SOETERIK-BEAN CFRE PRESIDENT AND CEO	60 00			X				210,224	0	34,529
(4) AMANDA FISHER CFRE VICE PRESIDENT DEVELOPMENT	60 00					X		117,188	0	14,948
(5) GLENN D WATERS FORMER DIRECTOR	0 00 45 00						X	0	1,171,123	160,027
(6) MARK SMITHERMAN STAFF PHYSICIAN	0 00 45 00						X	0	323,522	31,680
(7) HOLLY H DUNCAN MA CFRE PRESIDENT EMERITUS	0 00						X	128,516	0	10,872

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
MORTON PLANT MEASE HEALTH CARE FOUNDATION INC

Employer identification number
59-1751535

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☑ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations 3

g 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 listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
See Additional Data Table						
Total 3					8,337,771	

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** 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—2013.** 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—2014.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		No
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		No
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		No
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		No
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		No
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
b	A family member of a person described in (a) above?	11b		No
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		No

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1	Yes	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		No

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

		Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 59-1751535

Name: MORTON PLANT MEASE HEALTH CARE FOUNDATION INC

Form 990, Sch A, Part I, Line 11g - 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 listed in your governing document?		**(v)** Amount of monetary support (see instructions)	**(vi)** Amount of other support (see instructions)
			Yes	**No**		
(A) MORTON PLANT HOSPITAL ASSOCIATION INC	590624462	3	Yes		4,919,781	0
(A) TRUSTEES OF MEASE HOSPITAL INC	590855412	3	Yes		3,121,990	0
(B) MORTON PLANT MEASE PRIMARY CARE INC	593140335	3	Yes		296,000	0

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
MORTON PLANT MEASE HEALTH CARE FOUNDATION INC

Employer identification number
59-1751535

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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) Revenue 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 Revenue 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, for escrow or custodial account liability? ☐ 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	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	26,628,449	25,088,587	24,144,938	23,078,968	21,999,951
b	Contributions	216,391	224,083	123,981	302,553	11,920
c	Net investment earnings, gains, and losses	25,376	1,315,779	819,668	763,417	1,067,097
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	26,870,216	26,628,449	25,088,587	24,144,938	23,078,968

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

4 Describe in Part 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		272,045		272,045
b Buildings		510,729	510,729	0
c Leasehold improvements		585,771	371,042	214,729
d Equipment		106,759	93,764	12,995
e Other		23,361	23,361	0
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				499,769

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) CASH SURRENDER VALUE LIFE INSURANCE	3,792,065
(2) EXTERNALLY CONTROLLED ENDOWMENTS	15,016,439
(3) INTEREST RECEIVABLE	126,659
(4) OTHER ASSETS	59,804
(5) REMAINDER INTEREST IN TRUST AND ESTATES	12,142,149
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	31,137,116

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	
GIFT ANNUITY OBLIGATIONS	7,544,988
LIABILITY UNDER TRUST AGREEMENTS	1,163,932
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	8,708,920

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	8,212,897
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-2,131,341		
b	Donated services and use of facilities	2b	46,770		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	541,169		
e	Add lines **2a** through **2d**			2e	-1,543,402
3	Subtract line **2e** from line **1**			3	9,756,299
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	411,804		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	411,804
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	10,168,103

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	10,553,367
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	25,500		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	85,550		
e	Add lines **2a** through **2d**			2e	111,050
3	Subtract line **2e** from line **1**			3	10,442,317
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	411,804		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	411,804
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	10,854,121

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
PART V, LINE 4	FOR SCHEDULE D, PART V ENDOWMENTS ARE PERMANENTLY RESTICTED FUNDS THE EARNINGS ARE USED BASED ON THE DONOR'S RESTRICTIONS GENERALLY, THE ENDOWMENTS ARE MADE TO PROVIDE A CONTINUIOUS SOURCE OF FUNDING FOR SPECIFIC HOSPITAL PROGRAMS
PART X, LINE 2	IN ACCORDANCE WITH ASC 740, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES", THE FOUNDATION HAS NOT RECOGNIZED ANY RESPECTIVE LIABILITY FOR UNRECOGNIZED TAX BENEFITS AS IT HAS NO KNOWN TAX POSITIONS THAT WOULD SUBJECT THE FOUNDATION TO ANY MATERIAL INCOME TAX EXPOSURE A RECONCILIATION OF THE BEGINNING AND ENDING AMOUNT OF UNRECOGNIZED TAX BENEFITS IS NOT INCLUDED, NOR IS THERE ANY INTEREST ACCRUED RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES AS THERE ARE NO UNRECOGNIZED TAX BENEFITS THE TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION ARE 2011, 2012, AND 2013 FOR ALL MAJOR TAX JURISDICTIONS
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN SPLIT-INTEREST AGREEMENTS
PART XII, LINE 2D - OTHER ADJUSTMENTS	UNCOLLECTIBLE PLEDGES

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
MORTON PLANT MEASE HEALTH CARE FOUNDATION INC

Employer identification number
59-1751535

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF TOURNEY (event type)	(b) Event #2 RACE (event type)	(c) Other events 8 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	226,836	65,418	307,032	599,286
	2 Less Contributions	157,880	50,944	180,121	388,945
	3 Gross income (line 1 minus line 2)	68,956	14,474	126,911	210,341
Direct Expenses	4 Cash prizes			5,000	5,000
	5 Noncash prizes				
	6 Rent/facility costs	14,345	4,274	15,790	34,409
	7 Food and beverages	19,364	1,171	93,273	113,808
	8 Entertainment		200	16,360	16,560
	9 Other direct expenses	34,614	19,079	38,438	92,131
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(261,908)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-51,567

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activities conducted in

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

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

Name ▶ .....

Address ▶ .....

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

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

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
MORTON PLANT MEASE HEALTH CARE FOUNDATION INC

Employer identification number
59-1751535

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MORTON PLANT HOSPITAL ASSOCIATION INC 300 PINELLAS STREET CLEARWATER,FL 33756	59-0624462	501(C)(3)	4,919,781				SUPPORT OF ORGANIZATION
(2) TRUSTEES OF MEASE HOSPITAL INC 300 PINELLAS STREET CLEARWATER,FL 33756	59-0855412	501(C)(3)	3,121,990				SUPPORT OF ORGANIZATION
(3) MORTON PLANT MEASE PRIMARY CARE INC 300 PINELLAS STREET CLEARWATER,FL 33756	59-3140335	501(C)(3)	296,000				SUPPORT OF ORGANIZATION

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

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

Part III **Grants and Other Assistance to Domestic Individuals.** 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
PART I, LINE 2	THE PURPOSE OF THE MORTON PLANT MEASE HEALTH CARE FOUNDATION IS TO SUPPORT THE HEALTH CARE NEEDS OF MORTON PLANT HOSPITAL ASSOCIATION, INC D/B/A MORTON PLANT HOSPITAL AND MORTON PLANT NORTH BAY HOSPITAL, AND TRUSTEES OF MEASE HOSPITAL, INC D/B/A MEASE DUNEDIN HOSPITAL AND MEASE COUNTRYSIDE HOSPITAL AND MORTON PLANT MEASE PRIMARY CARE, INC GRANTS ARE ONLY MADE TO THESE ORGANIZATIONS TO SUPPORT THEIR EXEMPT PURPOSES

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
MORTON PLANT MEASE HEALTH CARE FOUNDATION INC

Employer identification number
59-1751535

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement 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**		No
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), 501(c)(4), and 501(c)(29) organizations 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 in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KRIS HOCE, DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	512,663	0	0	85,344	9,113	607,120	0
2 LARRY F HARMON CPA, VICE PRESIDENT AND CFO	(i)	181,860	0	0	8,952	14,180	204,992	0
	(ii)	0	0	0	0	0	0	0
3 ERNESTINE SOETERIK-BEAN CFRE, PRESIDENT AND CEO	(i)	210,224	0	0	23,500	11,029	244,753	0
	(ii)	0	0	0	0	0	0	0
4 GLENN D WATERS, FORMER DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	1,100,634	0	70,489	135,821	24,206	1,331,150	0
5 MARK SMITHERMAN, STAFF PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	323,522	0	0	26,317	5,363	355,202	0
6 HOLLY H DUNCAN MA CFRE, PRESIDENT EMERITUS	(i)	56,159	0	72,357	10,354	518	139,388	35,993
	(ii)	0	0	0	0	0	0	0

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
PART I, LINE 3	SALARIES OF ALL OFFICERS AND KEY EMPLOYEES WERE ALIGNED WITH INDEPENDENT MARKET STUDIES THROUGH SULLIVAN, CITTER AND ASSOCIATES, INC , AN INDEPENDENT COMPENSATION CONSULTANT, AND DEEMED REASONABLE BASED ON EXPERTISE AND EXPERIENCE OF INDIVIDUALS THE SALARY FOR THE PRESIDENT & CEO IS ESTABLISHED BY THE EXECUTIVE COMMITTEE OF THE FOUNDATION AND APPROVED BY THE BOARD OF DIRECTORS OTHER OFFICERS AND KEY EMPLOYEE SALARIES ARE ESTABLISHED BY THE PRESIDENT AND CEO IN CONJUNCTION WITH THE INDEPENDENT SALARY SURVEY
SCHEDULE J, PART I, LINE 3	QUALIFICATIONS OF KEY MEMBERS OF MANAGEMENT RECEIVING COMPENSATION PRESIDENT EMERITUS - HOLLY H DUNCAN, MA, CFRE, HAS MORE THAN 30 YEARS PROFESSIONAL FUNDRAISING EXPERIENCE IN THE TAMPA BAY MARKET HOLLY RETIRED IN 2013 BUT IN HER 17 YEAR TENURE AT MORTON PLANT MEASE FOUNDATION, TOTAL ASSETS DOUBLED WHILE THE FOUNDATION MADE OVER $120 MILLION IN GRANTS TO MORTON PLANT AND MEASE HOSPITALS CURRENT PRESIDENT AND CEO - ERNESTINE SOETERIK-BEAN, CFRE HAS 14 YEARS OF PROFESSIONAL FUNDRAISING EXPERIENCE, ALL AT MORTON PLANT MEASE FOUNDATION, WITH EXPERTISE IN MAJOR GIFTS, CORPORATE GIVING, SPECIAL EVENTS MANAGEMENT, STRATEGIC PLANNING AND PROFESSIONAL DEVELOPMENT VICE PRESIDENT & CFO - LARRY F HARMON, CPA, HAS MORE THAN 40 YEARS PROFESSIONAL ACCOUNTING EXPERIENCE IN BOTH FOR PROFIT AND NOT-FOR-PROFIT ORGANIZATIONS HE HAS BEEN WITH MORTON PLANT MEASE FOUNDATION FOR 18 YEARS AND IS RESPONSIBLE FOR NEARLY $100 MILLION IN ASSETS VICE PRESIDENT OF DEVELOPMENT - AMANDA E FISHER, CFRE, HAS MORE THAN 20 YEARS OF PROFESSIONAL FUNDRAISING EXPERIENCE IN ANNUAL, MAJOR AND PLANNED GIVING, OF WHICH 11 YEARS HAVE BEEN WITH MORTON PLANT MEASE FOUNDATION

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
MORTON PLANT MEASE HEALTH CARE FOUNDATION INC

Employer identification number
59-1751535

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	8	277,679	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	1	13,665	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶(_____)				
27 Other ▶(_____)				
28 Other ▶ (_____)				

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

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

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ 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

2014

Open to Public Inspection

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

Return Reference	Explanation
FORM 990, PART III, LINE 2	AMBULATORY CARE-PHARMACY RESIDENCY PROGRAM ($30,000) THE MORTON PLANT MEASE FAMILY MEDICINE RESIDENCY, IN CONJUNCTION WITH THE MORTON PLANT HOSPITAL PHARMACY RESIDENCY HAS DEVELOPED A POSTGRADUATE YEAR (PGY1) RESIDENCY/ (PGY2) AMBULATORY CARE - PHARMACY RESIDENCY PROGRAM THIS PROGRAM WILL SUPPLEMENT THE TURLEY FAMILY HEALTH CENTER MULTIDISCIPLINARY CLINICAL TEAM FOCUSING ON DISEASE MANAGEMENT AND ACUTE CARE IN THE OUTPATIENT SETTING MASSAGES FOR NEW MOMS ($22,000) MOST NEW MOMS WOULD AGREE A LITTLE PAMPERING GOES A LONG WAY MORTON PLANT HOSPITAL AND MEASE COUNTRYSIDE HOSPITAL OFFERS THERAPEUTIC HAND, FOOT OR BACK MASSAGES TO NEW MOMS AFTER DELIVERY IN THEIR OWN PRIVATE ROOM THE BENEFITS OF POSTPARTUM MASSAGE RANGE FROM HELPING TO ALLEVIATE BACK PAIN AND FATIGUE TO HELPING EASE POSTPARTUM DEPRESSION CHRISTENSEN FAMILY FOUNDATION SCHOLARSHIP ($10,000) THE DALE AND CAROLE CHRISTENSEN NURSING SCHOLARSHIP WAS ESTABLISHED BY THE CHRISTENSEN FAMILY FOUNDATION AS A WAY TO HONOR DALE WHO PASSED AWAY IN 2010 FROM PROSTATE CANCER AT MEASE DUNEDIN HOSPITAL THE FAMILY WAS GRATEFUL FOR THE EXCEPTIONAL CARE THAT DALE RECEIVED AND HAS A PASSION FOR NURSING, AS CAROLE WAS A NURSE FOR OVER 40 YEARS AS A WAY TO GIVE BACK, THE FAMILY ESTABLISHED THIS SCHOLARSHIP TO ASSIST TEAM MEMBERS WHO ARE PURSUING A NURSING CAREER OR ARE CURRENTLY STRIVING TO ADVANCE THEIR PROFESSIONAL EDUCATION CARELIFT DISPATCH VAN COMMUNICATION IMPROVEMENT ($9,810) THIS PILOT DEVELOPMENT PROJECT WILL INVESTIGATE AND DEVELOP TECHNOLOGY SOLUTIONS TO UPGRADE THE COMMUNICATION LINKS BETWEEN THE CARELIFT DISPATCH AND VAN TEAMS BY REPLACING THE CURRENT PAPER DISPATCH SYSTEM - INCREASING THE ABILITY TO RESPOND TO THE TRANSPORTATION NEEDS OF OUR PATIENTS, HOSPITALS AND PHYSICIANS IN A TIMELY MANNER MORTON PLANT REHAB CENTER MOBILE MULTI-SENSORY CARE ($8,750) THE MORTON PLANT REHAB CENTER ROUTINELY RECEIVES ELDERLY PATIENTS WHO DISPLAY HIGH ANXIETY, CONFUSION AND DELIRIUM AT TIME OF ADMISSION THIS RESULTS IN THE NEED FOR 1 1 SUPERVISION BY A SITTER OR FAMILY MEMBER AND CAN SOMETIMES REQUIRE MEDICATING THE INDIVIDUAL THE MOBILE MULTI-SENSORY UNIT OFFERS AN ALTERNATIVE INTERVENTION METHOD PROVEN TO SOOTH THE SENSES, ALTER MOODS, AND REDUCE AGITATION TRAUMA INFORMED MIND BODY PROGRAM (TIMBO) ($8,000) TIMBO EMPOWERS WOMEN WHO HAVE SUFFERED THE TRAUMA AND STRESS OF POVERTY, ABUSE, HOMELESSNESS, INCARCERATION OR ADDICTION THE PROGRAM HELPS WOMEN UNDERSTAND HOW AND WHY THEIR BODIES FEEL THE WAY THEY DO, NOTICES THEIR EMOTION SENSATIONS NON-JUDGMENTALLY, AND HELPS THEM TAKE EFFECTIVE ACTION IN REGULATING THE DIFFICULT SENSATIONS, MAKING THEM LESS LIKELY TO TURN TO DESTRUCTIVE BEHAVIORS TO COPE SPORTS OUTREACH INJURY TRACKING ($5,000) FOR THE PAST NINE YEARS, THE MPM SPORTS OUTREACH PROGRAM HAS PROVIDED ATHLETIC TRAINER COVERAGE TO AREA HIGH SCHOOLS, BUT SINCE THE STUDENTS ARE NOT CONSIDERED PATIENTS, THE TRAINERS HAVE HAD DIFFICULTIES DOCUMENTING THE INJURIES IN A CONSISTENT AND TIMELY MANNER THIS GRANT PUTS HARDWARE AND WEB BASED SOFTWARE IN THE HANDS OF OUR TRAINERS TO ALLOW THEM MORE TIMELY RECORDING OF INJURIES, AS WELL AS POST INJURY OUTCOMES PEDIATRIC BEHAVIORAL HEALTH EDUCATION MEDIA LIBRARY ($1,000) THE PEDIATRIC BEHAVIORAL HEALTH INPATIENT OF THE CRISIS STABILIZATION UNIT SEES A PSYCHIATRIST, PARTICIPATES IN GROUP THERAPIES, AND RECEIVES ONE ON ONE COUNSELING AND USUALLY A FAMILY SESSION WITH AN AVAILABLE LIBRARY OF EVIDENCE BASED PRACTICE MATERIALS SUCH AS VIDEOS, GAMES AND TEACHING GUIDES, THE STAFF CAN SUPPLEMENT THE PATIENT'S STAY WITH RELEVANT AND APPROPRIATE MATERIAL TO INTRODUCE OR REINFORCE POSITIVE COPING SKILLS

Return Reference	Explanation
PART V, LINE 2A	ALTHOUGH MORTON PLANT MEASE DOES HAVE EMPLOYEES WHO RECEIVE SALARIES, THEY ARE PAID BY BAYCARE HEALTH AND RECEIVE A W-2 FROM BAYCARE HEALTH THEREFORE, THERE ARE NO W-2'S ISSUED BY MORTON PLANT MEASE HEALTH CARE FOUNDATION

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

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

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

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	SALARIES OF ALL OFFICERS AND KEY EMPLOYEES ARE ESTABLISHED BY THE EXECUTIVE COMMITTEE AND APPROVED BY THE BOARD SALARIES ARE BASED ON COMPLIANCE WITH SURVEY BY AN INDEPENDENT THIRD PARTY OFFICER'S SALARIES ARE SET BY THE PRESIDENT/CEO BASED ON INDEPENDENT SURVEY RESULTS OTHER RANGES ARE SET BY BAYCARE BASED ON SURVEYS AND SALARIES APPROVED BY OFFICERS

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE DOCUMENTATION IS AVAILABLE THROUGH A REQUEST VIA MAIL OR E-MAIL, OR UPON VERBAL OR WRITTEN REQUEST AT THE FOUNDATION'S OFFICE. IN ADDITION, THE FORM 990 AND THE AUDITED FINANCIAL STATEMENTS ARE POSTED ON THE ORGANIZATION'S WEBSITE.

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN SPLIT INTEREST AGREEMENTS 541,169 UNCOLLECTIBLE PLEDGES -85,550

Return Reference	Explanation
PART XII, LINE 2C	THE AUDIT REPORT IS REVIEWED AND APPROVED BY THE FINANCE COMMITTEE. THE AUDITORS THEN PRESENT THE AUDIT REPORT TO THE BOARD OF DIRECTORS AT THE NEXT SCHEDULED BOARD MEETING WHERE IT IS REVIEWED. A COMPLETE COPY IS THEN MADE AVAILABLE TO EACH BOARD MEMBER

Return Reference	Explanation
FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	MORTON PLANT MEASE HEALTH CARE FOUNDATION, INC PROVIDES PHILANTHROPIC SUPPORT TO THE NOT-FOR-PROFIT HOSPITALS OF MORTON PLANT MEASE HEALTH CARE, INCLUDING MORTON PLANT (CLEARWATER), MEASE DUNEDIN, (DUNEDIN), MEASE COUNTRYSIDE, (SAFETY HARBOR), AND MORTON PLANT NORTH BAY, (NEW PORT RICHEY) OVER THE PAST DECADE, MORTON PLANT MEASE FOUNDATION HAS GRANTED NEARLY $80 MILLION TO THE HOSPITALS OF MORTON PLANT MEASE FOR THE PURCHASE OF CUTTING-EDGE, LIFESAVING EQUIPMENT, STATE-OF-THE-ART FACILITIES, AND THE FUNDING OF INNOVATIVE PROGRAMS AND SERVICES OUR HOSPITALS WOULD HAVE TO EARN AN ADDITIONAL $2 695 BILLION IN INCREMENTAL INCOME ON A FIVE PERCENT MARGIN TO NET THE AMOUNT OUR COMMUNITY HAS COLLECTIVELY CONTRIBUTED THANKS TO OUR PHILANTHROPIC COMMUNITY, IN 2014 THE FOUNDATION GRANTED OVER $8 3 MILLION IN CASH FOR 51 PROGRAM GRANTS AND 13 CAPITAL GRANTS TO OUR HOSPITALS FOR THE FOLLOWING PROJECTS

Return Reference	Explanation	
	FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	EXPANDED DESCRIPTION OF GRANTS FROM 4A (ENHANCING CLINICAL CARE) PATHWAYS BEHAVIORAL HEA LTH ($1,500,000) PATHWAYS IS A NEW AND INNOVATIVE PILOT PROGRAM PROVIDING COACHING AND NAV IGATION TO THOSE WHO ARE SEEKING HELP FOR MENTAL HEALTH AND SUBSTANCE ABUSE ISSUES THIS P ROGRAM WILL ASSIST INDIVIDUALS AND FAMILIES ON THEIR JOURNEY THROUGH THE MAZE OF MENTAL IL LNESS AND ADDICTION, AND WILL CONNECT THEM WITH URGENT AND ROUTINE CLINICAL RESOURCES IN T AMPA BAY AND BEYOND THE PATHWAYS PROGRAM IS PROVIDED BY A TEAM OF HIGHLY SKILLED MENTAL H EALTH CLINICIANS OFFERING PERSONALIZED COACHING AND NAVIGATION, WITH ASSISTANCE AVAILABLE 24 HOURS A DAY, SEVEN DAYS A WEEK DR GEORGE MORRIS EARN AS YOU LEARN NURSING PROGRAMS ($ 575,000) THIS INNOVATIVE PROGRAM HELPS FOSTER THE GROWTH OF OUR TEAM MEMBERS TO ENTER OR A DVANCE IN THE NURSING PROFESSION BY PROVIDING BOOKS AND AN EDUCATIONAL STIPEND TO ALLOW AS PIRING NURSES THE OPPORTUNITY TO FOCUS ON SCHOOL WHILE CONTINUING TO SUPPORT THEIR FAMILIE S FOR MORE THAN A DECADE, THE DR GEORGE MORRIS EARN AS YOU LEARN PROGRAM HAS HELPED GRAD UATE 220 REGISTERED NURSES, 166 LICENSED PRACTICAL NURSES, 261 PATIENT CARE TECHNICIANS AN D 10 MASTER'S PREPARED CLINICAL NURSE LEADERS FAMILY MEDICINE RESIDENCY PROGRAM ($525,000) THE FAMILY MEDICINE RESIDENCY PROGRAM PROVIDES PHY SICIAN EDUCATION AND CLINICAL TRAINING FOR 26 RESIDENTS OF THE USF COLLEGE OF MEDICINE BASED AT MORTON PLANT MEASE TO DATE, 98 RESIDENTS HAVE GRADUATED THROUGH THE FAMILY MEDICINE RESIDENCY PROGRAM ADDITIONALLY, THE RESIDENCY, IN CONJUNCTION WITH OPERATIONS OF OUR TURLEY FAMILY HEALTH CENTER, SUPPORT 31,0 00 PATIENT VISITS PER YEAR, AS WELL AS LABORATORY, IMAGING, SOCIAL SERVICES AND OBGYN CARE FOR OUR COMMUNITY'S UNDERSERVED ELEANOR THOMPSON NURSING SCHOOL ($200,000) IN AN EFFORT TO PROMOTE PROFESSIONAL DEVELOPMENT, ADVANCE NURSING PRACTICE, AND GROW A HIGHLY QUALIFIED NURSING WORKFORCE, THE HOSPITALS OF MORTON PLANT MEASE HAVE DEVELOPED AND NURTURED MULTIP LE PARTNERSHIPS WITH LOCAL SCHOOLS WITH A STRONG NEED FOR QUALITY NURSING ASSISTANTS, MPM HOPES TO EXPAND A SCHOOL TO RECRUIT THE BEST AND NURTURE STUDENTS TO THE DR GEORGE MORRI S EARN AS YOU LEARN RN AND LPN PROGRAMS TURLEY RESIDENCY PRIMARY CARE SPORTS MEDICINE FEL LOWSHIP ($150,000) THE MORTON PLANT MEASE FAMILY MEDICINE RESIDENCY, IN CONJUNCTION WITH T HE UNIVERSITY OF SOUTH FLORIDA, HAS DEVELOPED AN ACGME ACCREDITED PRIMARY CARE SPORTS MEDI CINE FELLOWSHIP NINE FELLOWS HAVE GRADUATED FROM THE PROGRAM IN ADDITION TO PROVIDING A VALUABLE RESOURCE FOR RECRUITING PHY SICIANS, THE SPORTS MEDICINE SERVICE LINE IS PROVIDING MAJOR IMPROVEMENTS IN PATIENT SERVICES, EDUCATION, AND PROGRAM RECOGNITION EXCELLENCE IN SPIRITUALITY ($129,000) CLINICAL PASTORAL EDUCATION IS THE LEADING INTERNATIONAL CLINICAL TRAINING PROGRAM FOR CLERGY BASED ON THE ACTION/REFLECTION MODEL OF LEARNING, THE PROGRA M PROVIDES INTERFAITH, PROFESSIONAL EDUCATION FOR MINISTRY LAST YEAR AT MORTON PLANT MEAS E, FIVE FULL-TIME CHAPLAINS WITH SEVEN INTERNS PROVIDED MORE THAN 10,000 VISITS TO PATIENT S, FAMILIES AND TEAM MEMBERS BEREAVEMENT FOLLOW-UP PROGRAM PROVIDES SUPPORT TO FAMILY MEM BERS OF PATIENTS WHO DIE WHILE IN OUR CARE, AS WELL AS TO TEAM MEMBERS WHO LOSE A LOVED-ON E SINCE ITS INCEPTION, NEARLY 30,000 CARDS AND GRIEF EDUCATION PIECES HAVE BEEN DISTRIBUT ED THROUGHOUT THE COMMUNITY SMILE PROGRAM ($100,000) STRESS AND ITS NEGATIVE EFFECTS ARE AT EPIDEMIC LEVELS IN OUR SOCIETY INDIVIDUALS WHO WORK IN HEALTH CARE CARRY AN ADDITIONAL BURDEN STRESS DUE TO THE NATURE OF THEIR JOBS DEALING WITH LIFE AND DEATH THE S M I L E (STRESS MANAGEMENT INITIATIVE & LIFE ENHANCEMENT) PROGRAM BRINGS STRESS RESILIENCE RESOUR CES AT NO COST TO THE TEAM MEMBERS OF MORTON PLANT MEASE - INCLUDING CHAIR MASSAGES, HEALI NG TOUCH THERAPY, TAI CHI, YOGA, GUIDED IMAGERY, PET THERAPY AND AROMATHERAPY WOW! AWARDS ($50,000) FOR MORE THAN 10 YEARS, THIS PEER NOMINATED TEAM MEMBER AWARD PROGRAM RECOGNIZE S OUR PHY SICIANS, NURSES AND NON-NURSING MEMBERS THAT INCLUDES CASH AWARDS AND A CELEBRATI ON BANQUET AL EADDY FAMILY MEDICINE RESEARCH CENTER ($50,000) SUPPORTS SCHOLARLY AND RESE ARCH ACTIVITIES TO PROMOTE AND ENCOURAGE THE SKILLS, ATTITUDES AND BEHAVIORS NECESSARY FOR THE COMPETENCY OF PRACTICE-BASED LEARNING AND A DISCIPLINED PROFESSIONAL CAREER THROUGH T HE TURLEY FAMILY HEALTH CENTER'S FAMILY MEDICINE RESIDENCY PROGRAM CLINICAL ETHICS PROGRA M ($50,000) MORTON PLANT MEASE HAS DEVELOPED AN ACTIVE CLINICAL ETHICS PROGRAM WITH AN INT ERDISCIPLINARY COMMITTEE THAT IS CALLED UPON TO REVIEW AND OFFER ADVICE ON SOME OF THE MOS T COMPLEX CASES IN OUR HOSPITALS, CONFLICTS AMONG CAREGIVERS, AND END OF LIFE ISSUES KATH ERINE T SMITH SCHOLARSHIP ($36,000) THE HOSPITALS OF MPM PROVIDE SCHOLARSHIPS FOR REGISTE RED NURSES WHO ARE PURSUING A BACHELORS OR MASTER'S DEGREE IN NURSING MORTON PLANT MEASE NEEDS BACCALAUREATE AND MASTERS PREPARED NURSES TO SERVE AS CLINICAL EXPERTS FOR STAFF AND TO DIRECT CARE VOLUNTEER NURSE PROGRAM ($32,000)

Return Reference	Explanation	
	FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	PROVIDES A PATHWAY FOR RETIRED NURSES OR THOSE TAKING A BREAK IN THEIR CAREER TO STAY IN THEIR PROFESSION AND CONTINUE THEIR PASSION FOR NURSING VOLUNTEER NURSES SERVE AS "AMBASS ADORS OF CARE" PROVIDING POSITIVE HOSPITAL EXPERIENCES FOR PATIENTS AND FAMILIES THEY CON TRIBUTE TO PATIENT SATISFACTION BY ASSISTING WITH MEALS, HYGIENE, PROCEDURES, COMFORT, DIV ERSIONS, AND PATIENT EDUCATION SPORTS CONCUSSION ASSESSMENT IMPACT PROGRAM ($19,500) IMP ACT (IMMEDIATE POST-CONCUSSION ASSESSMENT AND COGNITIVE TESTING) IS THE MOST-WIDELY USED A ND MOST SCIENTIFICALLY VALIDATED COMPUTERIZED CONCUSSION EVALUATION SYSTEM ON THE MARKET IMPACT IS A 20-30 MINUTE COMPUTER-BASED BATTERY OF NEUROCOGNITIVE TESTS THAT HAS BECOME A STANDARD TOOL USED IN COMPREHENSIVE COGNITIVE ASSESSMENT AND CLINICAL MANAGEMENT OF PRE-AD OLESCENT, ADOLESCENT AND ADULT ATHLETES JOAN CLOW SEMINAR FUND ($18,000) ALLOWS OUR HOSPI TALS TO FUND REGISTRATION, TRAVEL, HOTEL AND FOOD EXPENSES FOR UP TO FIVE NURSES AT A NATI ONAL CONFERENCE IN THEIR AREAS OF SPECIALTY, INCLUDING MED SURG, CRITICAL CARE NURSING, A SSOCIATION OF OR NURSES, WOMEN'S SERVICES OR PEDS NURSING, EMERGENCY NURSES ASSOCIATION, A ND WOUND OSTOMY LOIS ODENCE PLANTERS ENDOWMENT ($15,000) THE MISSION OF PLANTERS IS TO CR EATE A SOCIAL, EDUCATIONAL AND FUNDRAISING NETWORK FOR THOSE INTERESTED IN THE HOSPITALS O F MORTON PLANT MEASE THE PURPOSE OF PLANTERS MEMBERSHIP IS TO PROVIDE SUPPLEMENTAL FINANC IAL SUPPORT TO MORTON PLANT MEASE NURSING STUDENTS THROUGH THE LOIS ODENCE PLANTERS ENDOWM ENT SINCE 2001, MORE THAN $105,000 HAS BEEN GRANTED TO DESERVING NURSING STUDENTS PHYSIC AL THERAPIST EARN AS YOU LEARN ASSISTANT ($11,000) THIS GRANT ALLOWS OUR HOSPITALS TO FUND SCHOLASTIC AND PRACTICAL EDUCATION IN THE PHYSICAL THERAPY FIELD A PHYSICAL THERAPIST AS SISTANT IS A LICENSED PROFESSIONAL WITH AN ASSOCIATE OF SCIENCE DEGREE THE PTA EARN AS YO U LEARN PROGRAM ALLOWS THE PARTICIPANT TO ATTEND COLLEGE AND WORK PART-TIME AS A REHAB TEC H TO OBTAIN TOTAL EARNINGS UP TO 40 HOURS PER WEEK DURING THE 2 YEAR PROGRAM ANNIE MILLER SCHOLARSHIP FUND ($5,000) OVER ANNIE MILLER'S 43 YEARS OF EXEMPLARY SERVICE AS AN RN AT M ORTON PLANT HOSPITAL, SHE EARNED THE WELL-DESERVED STATUS AS A RESPECTED LEADER, MENTOR, C OACH, COUNSELOR AND FRIEND REFLECTING HER COMMITMENT TO BOTH NURSING AND EDUCATION, THE F OUNDATION FUNDS A GRANT TO OUR HOSPITALS THAT PROVIDE SCHOLARSHIPS TO LPN TEAM MEMBERS ENR OLLED IN RN PROGRAM SEE LIST OF NEW PROGRAM SERVICES DESCRIBED IN PART III, LINE 2 OF THI S FORM 990

Return Reference	Explanation	
	FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	EXPANDED DESCRIPTION OF GRANTS FROM 4B (DISEASE SPECIFIC AND COMMUNITY OUTREACH) CANCER P ATIENT SUPPORT SERVICES / CAPSS ($211,000) CAPSS WAS DEVELOPED TO ADDRESS THE PSY CHOSOCIAL , EMOTIONAL AND SPIRITUAL NEEDS OF ALL CANCER PATIENTS, THEIR FAMILIES AND FRIENDS THE CO UNSELORS OF CAPSS UTILIZE A VARIETY OF EDUCATIONAL AND SUPPORT SERVICES TO HELP CANCER SUR VIVORS AND THEIR FAMILIES DEAL MORE EFFECTIVELY WITH THEIR EMOTIONAL DISTRESS THIS GRANT ALSO HELPED EXPAND THE EXISTING CAPSS PROGRAM TO MORTON PLANT NORTH BAY HOSPITAL AND SERVE THE WEST PASCO COMMUNITY INDIGENT PRESCRIPTION PROGRAM ($200,000) AS A MEDICAL LICENSED HEALTH CARE SYSTEM, MPM IS REQUIRED TO PROVIDE A SAFE DISCHARGE FOR INPATIENT PATIENTS IN ALL FACILITIES, REGARDLESS OF PAYER SOURCE OR AVAILABLE RESOURCES DUE TO GOVERNMENT CUTS AND OTHER ECONOMIC FACTORS, COMMUNITY HEALTH CARE RESOURCES HAVE DECLINED SIGNIFICANTLY OV ER THE PAST YEARS, WHILE THE VOLUME OF UNDERINSURED PATIENTS AT OUR HOSPITALS HAS INCREASE D THIS GRANT WILL PROVIDE THE FUNDS TO OUR HOSPITALS FOR ALL INDIGENT PATIENT PHARMACY AN D TRANSPORTATION NEEDS AT TIME OF DISCHARGE CLEARWATER FREE CLINIC ($200,000) THROUGH A G RANT TO OUR HOSPITALS, MORTON PLANT MEASE HELPS SUPPORT THE CLINIC'S FULL-TIME ADVANCED RE GISTERED NURSE PRACTITIONER (ARNP) WHO HAS INCREASED THE NUMBER OF AVAILABLE ADULT AND PED IATRIC APPOINTMENTS BY APPROXIMATELY 4,500 PER YEAR THE SUPPORT FROM MORTON PLANT MEASE H ELPS THE CLINIC TO IMPROVE THE CONTINUITY OF PATIENT CARE, SCOPE OF CLINIC SERVICES AND RE DUCE THE NUMBER OF UNNECESSARY AND COSTLY EMERGENCY ROOM AND HOSPITALIZATIONS TO MORTON PL ANT HOSPITAL PALLIATIVE CARE SERVICES ($200,000) THE GOAL OF THIS PROGRAM IS TO UPHOLD TH E VALUE OF A PERSON'S QUALITY OF LIFE WHO MAY BE FACING A CHRONIC ILLNESS THE INTERDISCIP LINARY TEAM WORKS WITH THE PHY SICIANS, PATIENTS AND FAMILIES TO EVALUATE AND ADDRESS THE P ATIENT'S PHY SICAL, SPIRITUAL AND EMOTIONAL NEEDS THE PROGRAM'S FOCUS IS TO ALLEVIATE SUFF ERING, ENHANCE QUALITY OF LIFE AND ALLOW THE PATIENT TO LIVE WITH DIGNITY AND FREEDOM CER TIFIED DIABETES EDUCATORS ($175,000) FOCUSES ON KEY BEHAVIORS THAT PROMOTE SUCCESSFUL SELF -MANAGEMENT SUCH AS HEALTHY EATING, BEING ACTIVE, MONITORING, TAKING MEDICATION, PROBLEM S OLVING, HEALTHY COPING AND REDUCING RISKS CONGESTIVE HEART FAILURE CLINIC ($150,000) HEAR T FAILURE IS OUR #1 DIAGNOSED DISCHARGE AND MORTALITY RATES ARE NEARLY 50% WITHIN FIVE YEA RS CLINIC FOCUSES ON PREVENTING READMISSIONS AND PROVIDING THE RESOURCES FOR UNFUNDED PAT IENTS TO HAVE ACCESS TO NEEDED MEDICATIONS, HOMECARE AND EDUCATION HOMELESS EMERGENCY PRO JECT ($125,000) FOR OVER TEN YEARS, MORTON PLANT HOSPITAL HAS PROVIDED A MEDICAL OVERLAY T EAM FOR CLEARWATER'S HOMELESS EMERGENCY PROJECT (HEP) THROUGH A GRANT TO THE HOSPITALS OF MORTON PLANT MEASE, THE HEALTH SYSTEM SUPPORTS TWO LICENSED PRACTICAL NURSES AND ONE ADVA NCED REGISTERED NURSE PRACTITIONER THAT PROVIDE ASSESSMENT, CRISIS INTERVENTION, CASE MANA GEMENT AND TREATMENT TO THIS HIGH RISK POPULATION COMPREHENSIVE BREAST HEALTH PROGRAM ($1 00,000) PROVIDES FUNDING THROUGH THE HOSPITALS OF MPM FOR DIAGNOSIS AND TREATMENT OF UNINS URED WOMEN WITH BREAST CANCER THROUGH THE MAMMOGRAPHY VOUCHER PROGRAM (MVP), AS WELL AS FU ND A BREAST HEALTH NAVIGATOR WHO PROVIDES INITIAL EDUCATION FOR WOMEN WITH NEWLY DIAGNOSED BREAST CANCER THROUGHOUT THE HEALTH SYSTEM MPM LUNG CENTER ($100,000) THE MPM LUNG CENTE R PROVIDES PULMONARY REHAB, SMOKING CESSATION, ASTHMA MANAGEMENT AND COPD EDUCATION THE L UNG CENTER INCREASES PATIENT SATISFACTION BY IMPROVING COMMUNICATION, TREATMENT AND SUPPOR T FOR PATIENTS AT RISK OR WHO HAVE BEEN DIAGNOSED WITH LUNG DISEASE BY IMPROVING ACCESS A ND PROVIDING EARLY DETECTION, WE CAN LOOK TO REDUCE ED ADMISSIONS AND READMISSIONS GOOD S AMARITANS HEALTH CLINIC OF PASCO - NURSE PRACTITIONER ($100,000) THROUGH A GRANT TO THE HO SPITALS OF MORTON PLANT MEASE, MORTON PLANT NORTH BAY HOSPITAL PROVIDES A NURSE PRACTITION ER FOR THE GOOD SAMARITANS HEALTH CLINIC, LESS THAN A MILE AWAY FROM MORTON PLANT NORTH BA Y HOSPITAL, INCREASES ACCESS TO QUALITY, NON-URGENT MEDICAL CARE FOR AN ADDITIONAL 2,100 L OW INCOME PATIENTS IN PASCO COUNTY TURLEY INDIGENT DIABETIC AFTER CARE ($97,000) THIS NAT IONALLY RECOGNIZED PROJECT HELPS 75 UNINSURED PATIENTS EACH YEAR WITH DIABETES WHO ARE TRE ATED AT MORTON PLANT HOSPITAL AS INPATIENT OR ER PATIENTS, BUT ARE UNABLE TO ACCESS FOLLOW -UP CARE AFTER DISCHARGE DUE TO LIMITED FINANCES DISCHARGED PATIENTS WHO MEET THE PROGRAM 'S CRITERIA NOW HAVE ACCESS TO FREE MEDICAL CARE, SUPPLIES AND MEDICATION AT THE TURLEY FA MILY HEALTH CENTER OUTPATIENT DIABETES REGISTERED NURSE ($89,000) PROVIDES THE HOSPITALS OF MPM WITH A VALUABLE POSITION FOR BRIDGING THE GAP BETWEEN INPATIENT AND OUTPATIENT DIAB ETES MANAGEMENT CARE - COMPLIMENTING THE ROLE OF THE INPATIENT DIABETES EDUCATORS GESTATI ONAL DIABETES PROGRAM ($55,000) EXPECTANT MOMS RECEIVE TRAINING ON A GLUCOSE MONITORING SY STEM, COUNSELING ON GLUCOSE MANAGEMENT, NUTRITIONA

Return Reference	Explanation	
	FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	L THERAPY, BREASTFEEDING AWARENESS, POSTPARTUM DIABETES SCREENING AND PRECONCEPTION PLANNI NG PROSTATE CANCER PROGRAM ($55,000) THE GOAL OF THIS PROGRAM IS TO HELP MEN IN OUR COMMU NITIES IDENTIFY THEIR MEDICAL NEEDS AT THE EARLIEST STAGES WHEN TREATMENT IS VIABLE AND HA RM CAN BE PREVENTED COMMUNITY EDUCATION/AWARENESS, SCREENINGS AND COUNSELING FOCUSED ON I MPROVING THE PROSTATE HEALTH OF MEN IN OUR COMMUNITY ARE PROVIDED, AS WELL AS DIAGNOSIS AN D TREATMENT FOR UNDERSERVED MEN DIABETES EDUCATION CENTER PROGRAM ($55,000) THE DIABETES EDUCATION CENTER REMOVES BARRIERS TO ACCESS AND PROVIDES UNDERSERVED INDIVIDUALS WITH A SY STEM OF CARE THROUGH COMPREHENSIVE DIABETES SELF-MANAGEMENT EDUCATION AND TRAINING SERVICE S THESE PATIENT-CENTERED SERVICES EMPOWERED NEARLY 200 INDIVIDUALS LAST YEAR WITH THE SKI LLS NEEDED TO SUCCESSFULLY MANAGE THEIR DISEASE MADONNA PTAK CENTER FOR ALZHEIMER'S RESEA RCH AND MEMORY DISORDERS ($50,000) COUPLED WITH PATIENT AND FAMILY SUPPORT SERVICES, THE M ADONNA PTAK CENTER FOR ALZHEIMER'S AND MEMORY LOSS IS DEDICATED TO QUALITY OF LIFE ISSUES FOR FAMILIES LIVING WITH ALZHEIMER'S DISEASE AND OTHER MEMORY LOSS CONDITIONS LAST YEAR T HE CENTER PROVIDED SERVICES FOR 350 NEW PATIENTS LA CLINICA GUADALUPANA ($50,000) THROUGH A GRANT TO OUR HOSPITALS, MORTON PLANT MEASE HELPS SUPPORT LA CLINICA'S VOLUNTEER PHY SICI ANS, NURSES, DIETICIANS, AND ONE PAID STAFF MEMBER TO MEET THE NON-EMERGENT NEEDS OF THE U NINSURED HISPANIC MEMBERS OF OUR COMMUNITY PARTNERING WITH THE CATHOLIC DIOCESES MPM'S FI NANCIAL SUPPORT ALSO HELPS THE CLINIC TO REDUCE NON-EMERGENT VISITS TO MORTON PLANT'S ER WILLA CARSON HEALTH AND WELLNESS CENTER ($50,000) THROUGH A GRANT TO OUR HOSPITALS, MORTON PLANT MEASE HELPS SUPPORT THE WILLA CARSON HEALTH AND WELLNESS CENTER PROVIDE PREVENTIVE HEALTH SERVICES, WELLNESS AND EDUCATION PROGRAMS DIRECTED TOWARD ACHIEVING HOLISTIC HEALTH SERVING 1,500 UNDUPLICATED PATIENT VISITS LAST YEAR WITH NON-EMERGENT CARE, THEY HELPED ELIMINATE MORE THAN 500 UNCOMPENSATED PATIENT VISITS TO OUR HOSPITALS CAMP LIVING SPRINGS CANCER SURVIVOR RETREAT ($40,000) A WEEKEND RETREAT OFFERED FOR 90 ADULT CANCER PATIENTS /SURVIVORS AT NO COST, PROVIDES AN OPPORTUNITY TO GET AWAY FROM THEIR DAY-TO-DAY OBLIGATIO NS AND SHARE EXPERIENCES WITH OTHER CANCER SURVIVORS THE MISSION IS TO PROMOTE CAMARADERI E, RELAXATION AND EXPERIENCES WHILE NURTURING THE SPIRIT OF THOSE TOUCHED BY CANCER VOLUN TEER APPRECIATION AND RECOGNITION ($35,000) VOLUNTEER RESOURCES PROVIDE AN INVALUABLE SERV ICE TO OUR COMMUNITY BY PERFORMING TASKS FOR OUR PHY SICIANS, TEAM MEMBERS AND PATIENTS THA T ARE CRITICAL TO HOSPITAL OPERATIONS AND PATIENT SATISFACTION KEY COMPONENTS OF THE RECO GNITION PROGRAM INCLUDE INDIVIDUALIZED RECOGNITION, HONORING ACCOMPLISHMENTS AS THEY OCCU R, GROUP APPRECIATION BASED ON LIKE FUNCTIONS AND LOCATIONS, AND INTEGRATING VOLUNTEERS WI TH TEAM RECOGNITIONS GLADYS DOUGLAS FOREVER FIT ($24,000) AS A "BRIDGE TO WELLNESS" GROUP , THE PROGRAM CONNECTS CARDIAC REHAB WITH INDEPENDENT WORKOUTS WITHOUT SUPERVISION THE PR OGRAM ALLOWS INDIVIDUALS TO CONTINUE A MONITORED EXERCISE PROGRAM THAT IS NOT COVERED BY I NSURANCE CARELIFT DISPATCH VAN COMMUNICATION IMPROVEMENT ($9,810) THIS PILOT DEVELOPMENT PROJECT WILL INVESTIGATE AND DEVELOP TECHNOLOGY SOLUTIONS TO UPGRADE THE COMMUNICATION LIN KS BETWEEN THE CARELIFT DISPATCH AND VAN TEAMS BY REPLACING THE CURRENT PAPER DISPATCH SYS TEM - INCREASING THE ABILITY TO RESPOND TO THE TRANSPORTATION NEEDS OF OUR PATIENTS, HOSPI TALS AND PHY SICIANS IN A TIMELY MANNER MORTON PLANT REHAB CENTER MOBILE MULTI-SENSORY CAR E ($8,750) THE MORTON PLANT REHAB CENTER ROUTINELY RECEIVES ELDERLY PATIENTS WHO DISPLAY H IGH ANXIETY, CONFUSION AND DELIRIUM AT TIME OF ADMISSION THIS PROGRAM HELPS RELIEVE SOME OF THIS ANXIETY WITHOUT THE USE OF MEDICATION

Return Reference	Explanation	
	FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	EXPANDED DESCRIPTION OF GRANTS FROM 4C (CAPITAL GRANTS) CAPITAL PASS THROUGH/CONTINGENCY GRANTS ($2,444,297) MORTON PLANT MEASE FOUNDATION PROVIDES THE HOSPITALS OF MORTON PLANT M EASE HEALTH CARE WITH A VARIETY OF CAPITAL EMERGENCY FUNDS THAT COULD NOT HAVE BEEN FORESE EN IN THE NORMAL GRANT CYCLE. IN 2014, THESE CAPITAL EMERGENCY FUNDS PURCHASED THE FOLLOWI NG MAZOR ROBOTICS-RENAISSANCE SYSTEM ($1,150,450) THE MAZOR SYSTEM CREATES A COMPUTERIZED "BLUEPRINT" FOR PROCEDURES OF THE BRAIN AND SPINE. DOCTORS CAN USE THIS INFORMATION TO EN HANCE DEEP BRAIN STIMULATION (DBS) IN PATIENTS WITH PARKINSON'S DISEASE AND CERTAIN OTHER NEUROLOGICAL DISORDERS IT IS A QUANTUM LEAP IN ACCURACY AND EFFICIENCY IN THE OPERATING R OOM BY INVESTING IN THE MAZOR SYSTEM, MORTON PLANT HAS BECOME UNIQUELY POISED TO LEAD IN THE AREAS OF BRAIN AND SPINE SURGERY FOR YEARS TO COME. MEASE DUNEDIN ED RENOVATIONS ($400 ,000) MEASE DUNEDIN'S EMERGENCY DEPARTMENT IS IN NEED OF A FACELIFT TO PROVIDE A MORE COND UCIVE HEALING ENVIRONMENT FOR ITS PATIENTS THIS GRANT WILL HELP RECONFIGURE THE PATIENT R OOMS TO IMPROVE THE LAYOUT AND MAKE THE SPACE MORE EFFECTIVE FOR CLINICAL STAFF AN ADDITI ONAL TWO EXAM ROOMS HAVE ALSO BEEN ADDED FOR THE BEHAVIORAL HEALTH INTAKE AREA 3D TOMOSYN THESIS FOR THE SUSAN CHEEK NEEDLER BREAST CENTER ($188,774) TOMOSYNTHESIS ALLOWS RADIOLOGI STS TO SEE THE FINEST DETAILS IN BREAST TISSUE, INCLUDING ABNORMAL GROWTHS THAT MAY NOT BE NOTICEABLE WITH TRADITIONAL DIGITAL MAMMOGRAPHY AS A RESULT, BREAST CANCER CAN BE DETECT ED AND TREATED EARLIER, AND MORE PATIENTS ARE SPARED THE STRESS AND INCONVENIENCE OF HAVIN G TO RETURN FOR ADDITIONAL IMAGING DUE TO INCONCLUSIVE RESULTS MEASE DUNEDIN ED NURSE CAL L SYSTEM ($186,347) THE HOSPITAL EMERGENCY DEPARTMENT'S NURSE CALL SYSTEM WAS MORE THAN 25 YEARS OLD AND NEEDED TO BE REPLACED AS PART OF THE HOSPITAL'S RENOVATIONS THE UPDATED CA LL SYSTEM ENHANCES THE LEVEL OF COMMUNICATION BETWEEN ED TEAM MEMBERS, PHYSICIANS AND FOR OUR PATIENTS AND THEIR SAFETY THE PATIENTS' REQUESTS WILL BE ADDRESSED IN A MORE TIMELY M ANNER, THEREBY, IMPROVING THE OVERALL PATIENT EXPERIENCE. MEASE DUNEDIN CRITICAL CARE TELE METRY PROJECT ($147,140) BOTH CRITICAL CARE AND AMBULATORY CARE ARE USED AS OVERFLOW AREAS FOR PATIENTS DURING TIME OF INCREASED CENSUS CURRENTLY WHEN WE HAVE TELEMETRY HOLDS, WE HAVE TO MOVE EXISTING MEDICAL PATIENTS FROM THE TELEMETRY FLOOR OVER TO AMBULATORY CARE SO PATIENTS THAT REQUIRE MONITORING CAN BE CARED FOR WHERE THE EQUIPMENT EXISTS THIS CAPITA L PROJECT INCREASES PATIENT SATISFACTION BY DECREASING THE NUMBER OF PATIENTS AND TIMES PA TIENTS HAVE TO BE MOVED DURING THEIR HOSPITAL STAY BREAST ULTRASOUND REPLACEMENTS AT MEAS E'S SUSAN CHEEK NEEDLER BREAST CENTER ($130,000) TWO BREAST ULTRASOUND UNITS WERE PURCHASE D TO REPLACE EXISTING TECHNOLOGY THAT WAS MORE THAN 10 YEARS OLD THE NEW UNITS WILL ENHAN CE PATIENT CARE BY IMPROVING IMAGE QUALITY AND DIAGNOSTIC ACCURACY, WHILE ALSO PROVIDING E NHANCEMENTS THAT PROVIDE DIFFERENT TY PES OF ULTRASOUND IMAGING, SUCH AS ELASTOGRAPHY ALTE R G P200 TREADMILL FOR PTAK REHAB ($76,145) THE WORLD'S BEST ATHLETES AND SPORTS TEAMS CON SIDER THE ANTI-GRAVITY TREADMILL AN ESSENTIAL PART OF THEIR ATHLETIC CONDITIONING AND REHA BILITATION PROGRAMS MPM NOW HAS THE FIRST HIGH SPEED ALTER G IN TAMPA BAY RIGHT HERE AT T HE PTAK BUILDING, THE CLOSET ONE IS AT THE IMG ACADEMY IN BRADENTON WITH THE MPM SPORTS I NITIATIVE, THE ALTER G'S GROWING BRAND RECOGNITION AND POPULARITY IN THE SPORTS MEDICINE C OMMUNITY WILL HELP MPM EXPAND OUR EXPOSURE TO NEW MARKETS IN THE TAMPA BAY REGION VOLUNTE ER RESOURCES CARELIFT AND CARERIDE REPLACEMENTS ($75,000) THROUGH A GRANT TO THE HOSPITAL S OF MPM, TWO NEW VANS WERE PURCHASED FOR VOLUNTEER RESOURCES SO THAT THEY COULD CONTINUE THEIR SERVICE OF OFFERING FREE RIDES TO AND FROM MEDICAL APPOINTMENTS THROUGH OUR VAN TRAN SPORTATION SERVICES TRANSPORTATION SERVICES CAN LITERALLY BE A LIFELINE FOR PATIENTS WHO MIGHT NOT OTHERWISE FOLLOW THROUGH WITH MEDICAL APPOINTMENTS AND THERAPY TREATMENTS GIRAF FE OMNIBED FOR MEASE COUNTRYSIDE'S NICU ($38,941) THIS ALL-IN-ONE NEONATAL CARE STATION PR OVIDES A DEVELOPMENTALLY SUPPORTIVE, CRITICAL CARE ENVIRONMENT FOR OUR HIGH ACUITY NEWBORN S A FIFTH GIRAFFE OMNIBED WAS NEEDED AT MEASE COUNTRYSIDE'S NICU TO COVER THE FIVE LEVEL III ROOMS FOR MICROPREEMIE/CRITICALLY ILL NEONATES THE OMNIBED PROVIDES EASY AND FAST ACC ESS WITH DROP DOWN DOORS, ELEVATING BASE TO ACCOMMODATE THE PROVIDERS HEIGHT AND PARTICULA R PROCEDURES, AN INTEGRATED SCALE TO MINIMIZING STIMULATION OF THE PREMATURE INFANT WITH A UDIO STIMULATION DURING PROCEDURES AND ROTATING MATTRESS SIMLAB AT MORTON PLANT NORTH BAY HOSPITAL ($16,500) SIMULATION IS THE BEST WAY TO PROVIDE EDUCATION TO STAFF WITHOUT REQUI RING REAL PATIENTS TO BE PRACTICED ON PROVIDING THE OPPORTUNITY TO PRACTICE ON THE SIMULA TOR WILL INCREASE NURSE'S CONFIDENCE AND ALLOW THEM TO SHARPEN THEIR SKILLS PRIOR TO TREAT ING PATIENTS PLUS, IT PROVIDES THE OPPORTUNITY TO

Return Reference	Explanation	
	FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	PRACTICE SKILLS THAT ARE HIGH RISK, BUT LOW VOLUME, SUCH AS CODE BLUES CPR COACHING DEVI CES ($13,600) AS PART OF A MORTON PLANT MEASE NURSING RESEARCH STUDY, THESE DEVICES WILL B E USED TO ACCESS THE DEPTH OF CPR COMPRESSIONS CONDUCTED BY TEAM MEMBERS ATTENDING A CPR T RAINING AND CERTIFICATION PROGRAM AFTER THE STUDY, THE DEVICES WILL CONTINUE TO BE USED T O TRAIN TEAM MEMBERS TO PERFORM EFFECTIVE COMPRESSIONS DURING A CARDIAC ARREST EVENT MULT I-SENSORY ROVER FOR MEASE COUNTRYSIDE'S PEDIATRICS ($10,900) THE SENSORY CART CAN BE USED FOR DISTRACTION OR FOR RELAXATION IT CREATES AN EMPOWERING MULTISENSORY ENVIRONMENT FOR C HILDREN FROM PASSIVE VISUAL STIMULATION FOR YOUNG CHILDREN TO INTERACTIVE CONTROL OVER ON ES ENTIRE ENVIRONMENT AS CHILDREN GET OLDER, THE ROVER CAN BE USED FOR ANY AGE IT BRIDGES COGNITIVE, PERCEPTUAL, BEHAVIORAL, PHYSICAL AND OTHER CONDITIONS TO PROVIDE A SENSE OF EM POWERMENT NEOBLUE BILIRUBIN LIGHTS FOR MEASE COUNTRYSIDE PEDIATRICS ($10,500) THE NEOBLUE SY STEM INCORPORATES OPTIMAL BLUE LED TECHNOLOGY FOR THE TREATMENT OF NEWBORN JAUNDICE TH E USE OF LEDS IN PHOTOTHERAPY DEVICES ALLOWS GREATER CONTROL OVER THE WAVELENGTH OF LIGHT WHICH, THEORETICALLY, MAY IMPROVE THE EFFICIENCY OF THE PHOTOTHERAPY TREATMENT

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
MORTON PLANT MEASE HEALTH CARE FOUNDATION INC

Employer identification number
59-1751535

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

(a) Name, address, and EIN (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) MORTON PLANT HOSPITAL ASSOCIATION INC 300 PINELLAS STREET CLEARWATER, FL 33756 59-0624462	HOSPITAL	FL	501(C)(3)	PUBLIC CHARITY	N/A		No
(2) TRUSTEES OF MEASE HOSPITAL INC 300 PINELLAS STREET CLEARWATER, FL 33756 59-0855412	HOSPITAL	FL	501(C)(3)	PUBLIC CHARITY	N/A		No
(3) MORTON PLANT MEASE PRIMARY CARE INC 300 PINELLAS STREET CLEARWATER, FL 33756 59-3140335	HOSPITAL	FL	501(C)(3)	PUBLIC CHARITY	N/A		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
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		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
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		No
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		No
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		No
s Other transfer of cash or property from related organization(s)	1s		No

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

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

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