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Form 990

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

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

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

F Name and address of principal officer

ERNESTINE MORGAN 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																								
Activities & Governance	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 <table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>28</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>28</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2015 (Part V, line 2a)</td><td>0</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>46</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>0</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>0</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	28	4	Number of independent voting members of the governing body (Part VI, line 1b)	28	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	0	6	Total number of volunteers (estimate if necessary)	46	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	7b	Net unrelated business taxable income from Form 990-T, line 34	0						
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Revenue	<table><tr><th></th><th>Prior Year</th><th>Current Year</th></tr><tr><td>8</td><td>Contributions and grants (Part VIII, line 1h)</td><td>5,054,324</td></tr><tr><td>9</td><td>Program service revenue (Part VIII, line 2g)</td><td>0</td></tr><tr><td>10</td><td>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td><td>5,165,296</td></tr><tr><td>11</td><td>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td><td>-51,517</td></tr><tr><td>12</td><td>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td><td>10,168,103</td></tr></table>		Prior Year	Current Year	8	Contributions and grants (Part VIII, line 1h)	5,054,324	9	Program service revenue (Part VIII, line 2g)	0	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,165,296	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-51,517	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,168,103						
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Expenses	<table><tr><td>13</td><td>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td><td>8,337,771</td></tr><tr><td>14</td><td>Benefits paid to or for members (Part IX, column (A), line 4)</td><td>0</td></tr><tr><td>15</td><td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td><td>1,505,503</td></tr><tr><td>16a</td><td>Professional fundraising fees (Part IX, column (A), line 11e)</td><td>0</td></tr><tr><td>b</td><td>Total fundraising expenses (Part IX, column (D), line 25)</td><td>824,808</td></tr><tr><td>17</td><td>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td><td>1,010,847</td></tr><tr><td>18</td><td>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td><td>10,854,121</td></tr><tr><td>19</td><td>Revenue less expenses Subtract line 18 from line 12</td><td>-686,018</td></tr></table>	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,337,771	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,505,503	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	b	Total fundraising expenses (Part IX, column (D), line 25)	824,808	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,010,847	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	10,854,121	19	Revenue less expenses Subtract line 18 from line 12	-686,018
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Net Assets or Fund Balances	<table><tr><th></th><th>Beginning of Current Year</th><th>End of Year</th></tr><tr><td>20</td><td>Total assets (Part X, line 16)</td><td>107,382,572</td></tr><tr><td>21</td><td>Total liabilities (Part X, line 26)</td><td>9,090,615</td></tr><tr><td>22</td><td>Net assets or fund balances Subtract line 21 from line 20</td><td>98,291,957</td></tr></table>		Beginning of Current Year	End of Year	20	Total assets (Part X, line 16)	107,382,572	21	Total liabilities (Part X, line 26)	9,090,615	22	Net assets or fund balances Subtract line 21 from line 20	98,291,957												
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Part II

Signature Block

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

Sign Here

Signature of officer

2016-06-08

Date

ERNESTINE MORGAN CFRE PRESIDENT & CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

CARR RIGGS INGRAM LLC

Preparer's signature

CARR RIGGS INGRAM LLC

Date

Check ☐ if self-employed

PTIN P00633271

Firm's name

CARR RIGGS & INGRAM LLC

Firm's EIN

72-1396621

Firm's address

2111 DREW STREET

Phone no

(727) 446-0504

CLEARWATER, FL 337653215

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes

☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form990(2015)

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 (MORTON PLANT HOSPITAL AND MORTON PLANT NORTH BAY HOSPITAL), AND TRUSTEES OF MEASE HOSPITAL, INC (MEASE DUNEDIN HOSPITAL AND MEASE COUNTRYSIDE HOSPITAL)

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 \$ 2,848,266 including grants of \$ 2,664,573) (Revenue \$)
	PROVIDING SUPPORT TO ENHANCE QUALITY OF CLINICAL CARE FROM MORTON PLANT MEASE NURSES, PHYSICIANS AND VOLUNTEERS, INCLUDING PATHWAYS BEHAVIORAL HEALTH PROGRAM, SPORTS CONCUSSION IMPACT PROGRAM, DR GEORGE MORRIS EARN AS YOU LEARN NURSING PROGRAMS, FAMILY MEDICINE RESIDENCY PROGRAM, MULTIPLE NURSING SCHOLARSHIPS, FAMILY CARE FUND, 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 \$ 2,333,107 including grants of \$ 2,184,404) (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 \$ 1,630,401 including grants of \$ 1,525,434) (Revenue \$)
	PROVIDING CAPITAL SUPPORT TO THE HOSPITALS OF MORTON PLANT MEASE, INCLUDING INTRA-OPERATIVE MRI AT MORTON PLANT, CARELIFT AND CARERIDE REPLACEMENTS FOR VOLUNTEER RESOURCES, POWELL CHILD CARE AND LEARNING CENTER, ALARIS IV INFUSION PUMPS FOR MEASE DUNEDIN, HUMAN PERFORMANCE CENTER AND BIODIX OFFSET UNWEIGHING SYSTEM AT PTAK REHAB, PANDA BED WARMER AT NORTH BAY HOSPITAL, AND DEFIBRILLATORS FOR HOSPITALS' HUMAN PATIENT STIMULATORS SEE SECTION O FOR A DETAILED DESCRIPTION OF EACH CAPITAL GRANT REQUESTED BY THE HOSPITALS OF MORTON PLANT MEASE
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 6,811,774

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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	192			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	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			No	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. 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		
	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		
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

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

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

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	570,182	2,184,471	350,326

2

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>

Section B. Independent Contractors

1

Name and business address	Description of services	Compensation

2

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	550,487		
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,918,323		
	g	Noncash contributions included in lines 1a-1f \$		171,903		
	h	Total. Add lines 1a-1f		3,468,810		
Program Service Revenue			Business Code			
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,836,676		1,836,676
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents	(i) Real	(ii) Personal		
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
			76,499,009			
			73,290,368			
			3,208,641			
	d	Net gain or (loss)		3,208,641		3,208,641
	8a	Gross income from fundraising events (not including \$ 550,487 of contributions reported on line 1c) See Part IV, line 18				
	a	225,705				
	b	Less direct expenses	b	411,668		
	c	Net income or (loss) from fundraising events		-185,963		-185,963
	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						
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d					
12	Total revenue. See Instructions		8,328,164	0	0	4,859,354

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	6,374,410	6,374,410		
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	345,007	34,501	165,657	144,849
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	1,014,236	216,533	402,294	395,409
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	16,224	8,188	6,940	1,096
9	Other employee benefits	101,197	20,606	39,106	41,485
10	Payroll taxes	84,537	16,020	35,150	33,367
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,440		720	720
c	Accounting	39,540		39,540	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	377,381		377,381	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	172,492	69,633	4,306	98,553
12	Advertising and promotion	32,873	4,610	9,902	18,361
13	Office expenses	59,318	8,648	34,500	16,170
14	Information technology				
15	Royalties				
16	Occupancy	137,416	40,635	55,764	41,017
17	Travel	14,771	4,511	5,749	4,511
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,361	585	1,191	585
20	Interest	596		596	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	32,251	6,451	12,900	12,900
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					
b					
c					
d					
e	All other expenses	38,043	6,443	15,815	15,785
25	Total functional expenses. Add lines 1 through 24e	8,844,093	6,811,774	1,207,511	824,808
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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			550	1	550
	2	Savings and temporary cash investments			539,589	2	580,969
	3	Pledges and grants receivable, net			9,478,719	3	6,313,523
	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			192,257	9	163,566
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	1,511,202			
	b	Less: accumulated depreciation	10b	1,031,147	499,769	10c	480,055
	11	Investments—publicly traded securities			65,534,572	11	64,575,474
	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			31,137,116	15	29,387,074
	16	Total assets. Add lines 1 through 15 (must equal line 34)			107,382,572	16	101,501,211
Liabilities	17	Accounts payable and accrued expenses			381,695	17	383,844
	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			8,708,920	25	8,372,994
	26	Total liabilities. Add lines 17 through 25			9,090,615	26	8,756,838
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			19,147,962	27	17,988,208
	28	Temporarily restricted net assets			52,282,588	28	48,269,211
	29	Permanently restricted net assets			26,861,407	29	26,486,954
	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			98,291,957	33	92,744,373
	34	Total liabilities and net assets/fund balances			107,382,572	34	101,501,211

Part XI Reconciliation 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	8,328,164
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,844,093
3	Revenue less expenses Subtract line 2 from line 1	3	-515,929
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	98,291,957
5	Net unrealized gains (losses) on investments	5	-4,256,291
6	Donated services and use of facilities	6	64,486
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-839,850
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	92,744,373

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? 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	2a	No
2b Were the organization's financial statements audited by an independent accountant? 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	2b	Yes
2c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
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
3b 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 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			
STEVEN L CASS CHAIRMAN	6 00	X		X				0	0	0
EARLE COOPER VICE CHAIR	6 00	X		X				0	0	0
BETTY ISLER CPA TREASURER	6 00	X		X				0	0	0
ROZ DOYLE SECRETARY	6 00	X		X				0	0	0
KATE ALLENMD DIRECTOR	1 00	X						0	0	0
LEAH BERGOFFEN DIRECTOR	1 00	X						0	0	0
JENNIFER BUCK MD DIRECTOR	1 00	X						0	0	0
CAROLE CHRISTENSEN DIRECTOR	1 00	X						0	0	0
RICHARD DIMMITT DIRECTOR	1 00	X						0	0	0
RUTHY DUPONT DIRECTOR	1 00	X						0	0	0
ROBERT ENTEL MD DIRECTOR	1 00	X						0	0	0
BILL FISHER DIRECTOR	1 00	X						0	0	0
BILL FRANCISCO DIRECTOR	1 00	X						0	0	0
BRUCE E FYFE DIRECTOR	2 00	X						0	0	0
STEVE HAIRE MD DIRECTOR	2 00	X						0	0	0
DUANE HOUTZ DIRECTOR	2 00	X						0	0	0
BRUCE LAUER DIRECTOR	1 00	X						0	0	0
MOLLY LEA DIRECTOR	3 00	X						0	0	0
ANDREW LYNN DIRECTOR	1 00	X						0	0	0
JAMES A MARTIN JR DIRECTOR	1 00	X						0	0	0
MARY ANN MCARTHUR DIRECTOR	2 00	X						0	0	0
SANDY MILLER DIRECTOR	1 00	X						0	0	0
PAUL PHILLIPS MD DIRECTOR	2 00	X						0	0	0
MARION RICH DIRECTOR	1 00	X						0	0	0
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			
KATE TIEDEMANN DIRECTOR	2 00	X						0	0	0
KRIS HOCE DIRECTOR	1 00	X						0	535,616	106,634
JAMES WATROUS DIRECTOR	45 00 2 00	X						0	0	0
LARRY F HARMON CPA FORMER VP AND CFO	55 00			X				238,182	0	9,833
ERNESTINE MORGAN CFRE PRESIDENT AND CEO	60 00			X				212,598	0	63,272
AMANDA FISHER CFRE VICE PRESIDENT DEVELOPMENT	60 00					X		119,402	0	10,359
GLENN D WATERS FORMER DIRECTOR	0 00						X	0	1,294,146	120,634
MARK SMITHERMAN STAFF PHYSICIAN	45 00 0 00						X	0	354,709	39,594

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

2015

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 (Form 990 or 990-EZ))
- 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

2
- 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 (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		
MORTON PLANT HOSPITAL (A) ASSOCIATION INC	590624462		Yes		4,955,517	0
(B) TRUSTEES OF MEASE HOSPITAL INC	590855412		Yes		1,418,893	0
Total2					6,374,410	

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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 2015 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2015.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—2014.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—2015.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—2014.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 IIISupport 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015.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—2014.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? <i>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.</i>	1Yes	
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? <i>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.</i>	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)? <i>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).</i>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	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? <i>If "Yes," describe in Part VI the role the organization’s supported organizations played in this regard.</i>	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).			
2 Activities Test Answer (a) and (b) below.		Yes	No
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? <i>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.</i>	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? <i>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.</i>	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? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	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) ☐		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," on 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.

Name of the organization MORTON PLANT MEASE HEALTH CARE FOUNDATION INC	Employer identification number 59-1751535
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on 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" on 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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, handling of violations, and enforcing conservation easements during the year
► _____

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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" on 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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	26,870,216	26,628,449	25,088,587	24,144,938	23,078,968
b Contributions	242,885	216,391	224,083	123,981	302,553
c Net investment earnings, gains, and losses	-626,147	25,376	1,315,779	819,668	763,417
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	26,486,954	26,870,216	26,628,449	25,088,587	24,144,938

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

100 000 %

c

Temporarily restricted endowment

The percentages on 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

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

☐

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		595,356	397,996	197,360
d Equipment		109,711	99,061	10,650
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).)				480,055

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	2,948,578
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-4,256,291
b	Donated services and use of facilities	2b	89,986
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-835,900
e	Add lines 2a through 2d	2e	-5,002,205
3	Subtract line 2e from line 1	3	7,950,783
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	377,381
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	377,381
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5	8,328,164

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	8,496,162
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	3,950
e	Add lines 2a through 2d	2e	29,450
3	Subtract line 2e from line 1	3	8,466,712
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	377,381
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	377,381
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	8,844,093

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	THE FOUNDATION RECEIVES INCOME FROM CERTAIN ENDOWMENT FUNDS THAT ARE NEITHER IN THE FOUNDATION'S POSSESSION NOR UNDER ITS CONTROL. THESE EXTERNAL ENDOWMENT ASSETS ARE HELD IN PERPETUITY AND ARE INVESTED AND MANAGED BY OUTSIDE TRUSTEES IN ACCORDANCE WITH TRUST INSTRUMENTS ESTABLISHED BY THE DONORS. THE FOUNDATION'S ENDOWMENT CONSISTS OF APPROXIMATELY 26 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. THE ENDOWMENTS ARE ALL DONOR-RESTRICTED ENDOWMENT FUNDS. THE FOUNDATION HAS NO BOARD-DESIGNATED ENDOWMENTS. THE BOARD OF DIRECTORS OF THE FOUNDATION HAS INTERPRETED THE FLORIDA UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT (FUPMIFA) AS REQUIRING THE PRESERVATION OF THE FAIR VALUE OF THE ORIGINAL GIFT AS OF THE GIFT DATE OF THE DONOR-RESTRICTED ENDOWMENT FUNDS ABSENT EXPLICIT DONOR STIPULATIONS TO THE CONTRARY. AS A RESULT OF THIS INTERPRETATION, THE FOUNDATION CLASSIFIES AS PERMANENTLY RESTRICTED NET ASSETS (A) THE ORIGINAL VALUE OF GIFTS DONATED TO THE PERMANENT ENDOWMENT, (B) THE ORIGINAL VALUE OF SUBSEQUENT GIFTS TO THE PERMANENT ENDOWMENT, (C) ACCUMULATIONS TO THE PERMANENT ENDOWMENT MADE IN ACCORDANCE WITH THE DIRECTION OF THE APPLICABLE DONOR GIFT INSTRUMENT AT THE TIME THE ACCUMULATION IS ADDED TO THE FUND, AND (D) FOR ENDOWMENTS INSTRUMENTS THAT ARE SILENT AS TO THE RESTRICTION OF THE EARNINGS, THE BOARD HAS DETERMINED TO RECORD ALL REALIZED AND UNREALIZED GAINS AND LOSSES THROUGH TEMPORARILY OR UNRESTRICTED DEPENDING ON THE PURPOSE RESTRICTION OF THE ENDOWMENT.
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.
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN SPLIT-INTEREST AGREEMENTS
PART XII, LINE 2D - OTHER ADJUSTMENTS	UNCOLLECTIBLE PLEDGES

[illegible]

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" on 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

2015

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" on 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?		(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
		Yes	No			
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" on 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.

Revenue		(a)Event #1 <u>GOLF TOURNEY</u> (event type)	(b)Event #2 <u>ART WITH A TWIST</u> (event type)	(c)Other events <u>7</u> (total number)	(d) Total events (add col (a) through col (c))	
	1	Gross receipts	199,181	121,125	442,086	762,392
	2	Less Contributions	127,735	95,325	327,427	550,487
	3	Gross income (line 1 minus line 2)	71,446	25,800	114,659	211,905
	4	Cash prizes			5,000	5,000
Direct Expenses	5	Noncash prizes				
	6	Rent/facility costs	16,260	13,380	14,977	44,617
	7	Food and beverages	16,859	44,657	79,966	141,482
	8	Entertainment		1,095	69,002	70,097
	9	Other direct expenses	58,273	13,736	69,614	141,623
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				402,819
	11	Net income summary Subtract line 10 from line 3, column (d) ▶				-190,914

Part III Gaming.

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

Revenue		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash 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 _____

Schedule G (Form 990 or 990-EZ) 2015

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 activity conducted in

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

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 complete this part to 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," on 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

2015

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" on 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.

[illegible]

- | | | |
|----------|---|----------|
| 2 | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | 2 |
| 3 | Enter total number of other organizations listed in the line 1 table | 0 |

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 THE COMMUNITY THROUGH 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 GRANTS ARE ONLY MADE TO THESE ORGANIZATIONS TO SUPPORT THEIR EXEMPT PURPOSES

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on 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.

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 on 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? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4a Yes	
	4b	No
	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? b Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5a	No
	5b	No
6 For persons listed on 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? b Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6a	No
	6b	No
7 For persons listed on 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 on Form 990, Part VII, paid or accrued 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" on 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 on 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 on prior Form 990
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KRIS HOCEDIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	535,616	0	0	88,254	18,380	642,250	0
2 LARRY F HARMON CPA FORMER VP AND CFO	(i)	59,302	0	178,880	1,772	8,061	248,015	0
	(ii)	0	0	0	0	0	0	0
3 ERNESTINE MORGAN CFRE PRESIDENT AND CEO	(i)	212,598	0	0	55,363	7,909	275,870	0
	(ii)	0	0	0	0	0	0	0
4 GLENN D WATERS FORMER DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	1,189,584	0	104,562	95,804	24,830	1,414,780	0
5 MARK SMITHERMAN STAFF PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	354,709	0	0	30,846	8,748	394,303	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, COTTER 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.
PART I, LINE 4A	LARRY F. HARMON, FORMER VICE PRESIDENT AND CFO, INCLUDED IN HIS COMPENSATION IS SEVERANCE IN THE AMOUNT OF \$178,880.
SCHEDULE J, PART I, LINE 3	QUALIFICATIONS OF KEY MEMBERS OF MANAGEMENT RECEIVING COMPENSATION: CURRENT PRESIDENT AND CEO - ERNESTINE MORGAN, CFRE, HAS 15 YEARS OF PROFESSIONAL FUNDRAISING EXPERIENCE, ALL AT MORTON PLANT MEASE HEALTH CARE FOUNDATION, WITH EXPERTISE IN MAJOR GIFTS, CORPORATE GIVING, SPECIAL EVENTS MANAGEMENT, STRATEGIC PLANNING AND PROFESSIONAL DEVELOPMENT. 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 12 YEARS HAVE BEEN WITH MORTON PLANT MEASE HEALTH CARE FOUNDATION.

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

►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

Department of the Treasury
Internal Revenue Service

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	151,929	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	1	19,974	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

0

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?

30a

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

32a

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

2015

Open to Public
Inspection

Name of the organization MORTON PLANT MEASE HEALTH CARE FOUNDATION INC	Employer identification number 59-1751535
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Return Reference	Explanation
FORM 990, PART III, LINE 2	BOBBIE MARKS INDIGENT OVARIAN CANCER PROGRAM \$375,000 OVARIAN CANCER ACCOUNTS FOR ABOUT 3% OF CANCERS AMONG WOMEN, BUT CAUSES MORE DEATHS THAN ANY OTHER CANCER OF THE FEMALE REPRODUCTIVE SYSTEM MANY OVARIAN CANCER PATIENTS ARE UNINSURED OR UNDERINSURED - THIS GRANT ALLOWS US TO CONTINUE TO SUPPORT THESE WOMEN THROUGH THE DURATION OF THEIR DIAGNOSIS IN THE HOSPITAL AND POST-DISCHARGE FUNDS ARE USED TO OFFSET COSTS OF PROVIDING UNFUNDED CARE AND UTILIZING THE CANCER PATIENT SUPPORT SERVICES (CAPSS) TEAM, WHO PROVIDE NAVIGATION AND COUNSELING SERVICES FOR OVARIAN CANCER PATIENTS GRADUATE NURSE RESIDENCY PROGRAM \$95,696 CURRENTLY , MORTON PLANT MEASE ON-BOARDS GREATER THAN 100 GRADUATE NURSES ANNUALLY ON-BOARDING GRADUATE NURSES IMPACTS OUTCOMES BECAUSE OF THE QUICK TRANSITION FROM STUDENT TO NURSE AND THE OVERWHELMING AMOUNT OF INFORMATION PROVIDED IN ORIENTATION IF GRADUATE NURSES ARE ENGAGED EARLY IN THE ORIENTATION EXPERIENCE, WE CAN EXPECT TO SEE IMPROVED PERFORMANCE AND RETENTION FAITH COMMUNITY NURSING RN COORDINATOR \$70,000 PROVIDES PARTNERSHIP FAITH COMMUNITIES AND VOLUNTEER NURSES WITH EDUCATION, TRAINING AND MATERIALS TO PROMOTE HEALTH AND WELLNESS IN THE COMMUNITIES WE SERVE AS PART OF THE FCN PROGRAM INTEGRATION WITH OUR HOSPITALS OUR RN COORDINATORS WORK IN CREATIVE, INNOVATIVE WAYS TO PROMOTE MPM, RECRUIT NEW FAITH PARTNERS AND TO MAINTAIN A ROBUST GROUP OF OVER 100 VOLUNTEER NURSES IN THE COMMUNITY POWELL CHILD CARE AND LEARNING CENTER ENRICHMENT PROGRAM \$36,000 MARY ANN & BERNARD F POWELL CHILDCARE & LEARNING CENTER PROVIDES CHILDREN A CHANCE TO BE INDEPENDENT AS WELL AS SELF-SUFFICIENT WITH EARLY SOCIAL CONTACTS THEY OFFER LEARNING PROGRAMS AND A SENSE OF BELONGING WHILE CONTINUOUSLY MEETING THE NEEDS OF CHILDREN AT THEIR STAGES OF DEVELOPMENT FUNDS FROM THIS GRANT HELP WITH THEIR ENRICHMENT PROGRAMS, INCLUDING YOGA, GYMNASTICS, MUSIC AND SPANISH CLASSES CARING PAWS PROGRAM RECEPTION \$10,000 THE HOSPITALS OF MORTON PLANT MEASE HAVE SPECIAL AMBASSADORS THESE AMBASSADORS ARE PART OF OUR CARING PAWS PROGRAM WHICH INCLUDES SOME VERY FURRY FRIENDS AND THEIR OWNERS THE VOLUNTEERS AND THEIR DOGS VISIT PATIENTS AND THEIR FAMILIES AS WELL AS TEAM MEMBERS THESE FOUR LEGGED VOLUNTEERS HELP EASE ANXIETY , LOWER BLOOD PRESSURE, PROVIDE COMFORT AND DECREASE THE LONELINESS OF THE HOSPITAL OR TREATMENT EXPERIENCE TO HONOR THE CARING PAWS DOGS, GERDA AND RAYMOND MASSIEU PRESENTED MORGAN HEART WITH A GIFT OF A CARING PAWS RECOGNITION WALL CARING PAWS PROGRAM \$5,000 CARING PAWS HAS BEEN CREDITED WITH DOING AS MUCH FOR PATIENTS AND THEIR LOVED ONES AS ANY MEDICATION THE FRIENDLY FOUR-LEGGED VISITORS HELP EASE THE STRESS OF PEOPLE IN WAITING ROOMS AND HELP PATIENTS BETTER COPE WITH THEIR MEDICAL ISSUES PETER LLOYD PERINATAL LOSS PROGRAM \$3,000 MORTON PLANT AND MEASE COUNTRY SIDE HOSPITALS OFFER COUNSELING SERVICES TO OUR PATIENTS WHO EXPERIENCE PERINATAL LOSSES THIS PROGRAM PROVIDES SUPPORT FOR ANY PATIENT THAT HAS LOST A BABY EITHER THROUGH MISCARRIAGE, PREMATURNITY, POOR FETAL OUTCOMES, STILLBIRTHS, OR NEONATAL DEATH CURRENTLY THIS PROGRAM PROVIDES COUNSELING TO PATIENTS AND THEIR FAMILIES THE PROGRAM ALSO ENCOURAGES FAMILIES THROUGH THE PROCESS AND HELPS THEM MAKE ARRANGEMENTS FOR THE BABY'S REMAINS COUNSELING AND FOLLOW-UP IS PROVIDED FOR A YEAR IF THE FAMILY DESIRES JANICE HOHIDER RN MEMORIAL RESEARCH FUND \$3,000 THE JANICE WOHLFORD HOHIDER RN MEMORIAL RESEARCH SCHOLARSHIP FUND PROVIDES GRANT DOLLARS TO ANY BEDSIDE NURSE THAT WISHES TO PURSUE A RESEARCH PROJECT THAT HAS OBTAINED ADMIN APPROVAL THE FUND WAS CREATED TO ADVANCE BEDSIDE NURSING RESEARCH AT MORTON PLANT MEASE AND TO HONOR THE MEMORY OF JANICE HOHIDER RN, A FRIEND OF MRS GERVASE POWER PROGRAM \$1,404 THIS SPECIALLY DESIGNED PROGRAM FOR OUR BREAST CANCER PATIENTS EMPOWERS THEM WITH KNOWLEDGE, EMOTIONAL SUPPORT AND WHOLE-BODY WELLNESS THIS DIAGNOSIS-TO-RECOVERY PROGRAM HELPS TO GUIDE AND SUPPORT EACH WOMAN THROUGH HER JOURNEY BY INTEGRATING PHYSICAL ACTIVITY , PROPER NUTRITION AND EMOTIONAL SUPPORT THIS GRANTS ALSO HELPED PROVIDE CANCER PATIENTS A CONTINUUM OF CARE WITH YOGA CLASSES AT THE AXELROD PAVILION

Return Reference	Explanation
PART V, LINE 2A	ALTHOUGH MORTON PLANT MEASE HEALTH CARE FOUNDATION DOES HAVE EMPLOYEES WHO RECEIVE SALARIES, THEY ARE PAID BY BAY CARE HEALTH SY STEM AND RECEIVE A W-2 FROM BAY CARE HEALTH SY STEM 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 ALIGNED WITH INDEPENDENT MARKET STUDIES THROUGH SULLIVAN, COTTER AND ASSOCIATES, INC , AN INDEPENDENT COMPENSATION CONSULTANT, AND DEEMED REASONABLE BASED ON THE EXPERTISE AND EXPERIENCE OF THE INDIVIDUALS THE SALARY FOR THE PRESIDENT AND CEO IS ESTABLISHED BASED ON THE EXECUTIVE COMMITTEE AND APPROVED BY THE BOARD OF DIRECTORS OTHER OFFICERS AND KEY EMPLOYEES SALARIES ARE ESTABLISHED BY THE PRESIDENT/CEO IN CONJUNCTION WITH THE INDEPENDENT SALARY SURVEY 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 GOVERNING DOCUMENTS ARE 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 -835,900 UNCOLLECTIBLE PLEDGES -3,950

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 COUNTRY SIDE, (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 THANKS TO OUR PHILANTHROPICALLY GENEROUS COMMUNITY, IN 2015 THE FOUNDATION GRANTED \$6.4 MILLION IN CASH FOR 44 PROGRAM GRANTS AND 11 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 HEALTH (\$750,000) PATHWAYS PROVIDES COACHING AND NAVIGATION TO THOSE WHO ARE SEEKING HELP FOR MENTAL HEALTH AND SUBSTANCE ABUSE ISSUES THIS PROGRAM ASSISTS INDIVIDUALS AND FAMILIES ON THEIR JOURNEY THROUGH THE MAZE OF MENTAL ILLNESS AND ADDICTION - CONNECTING THEM WITH URGENT AND ROUTINE CLINICAL RESOURCES IN TAMPA BAY AND BEYOND THE PATHWAYS PROGRAM IS PROVIDED BY A TEAM OF HIGHLY SKILLED MENTAL HEALTH CLINICIANS OFFERING PERSONALIZED COACHING AND NAVIGATION, WITH ASSISTANCE AVAILABLE 24 HOURS A DAY, SEVEN DAYS A WEEK FAMILY MEDICINE RESIDENCY PROGRAM (\$525,000) THE FAMILY MEDICINE RESIDENCY PROGRAM PROVIDES PHYSICIAN EDUCATION AND CLINICAL TRAINING FOR 26 RESIDENTS OF THE USF COLLEGE OF MEDICINE BASED AT MORTON PLANT MEASE TO DATE, 120 RESIDENTS HAVE GRADUATED THROUGH THE FAMILY MEDICINE RESIDENCY PROGRAM ADDITIONALLY, THE RESIDENCY, IN CONJUNCTION WITH OPERATIONS OF OUR TURLEY FAMILY HEALTH CENTER, SUPPORT 31,000 PATIENT VISITS PER YEAR, AS WELL AS LABORATORY, IMAGING, SOCIAL SERVICES AND OBGYN CARE FOR OUR COMMUNITY'S UNDERSERVED DR GEORGE MORRIS EARN AS YOU LEARN NURSING PROGRAMS (\$364,000) THIS INNOVATIVE PROGRAM HELPS FOSTER THE GROWTH OF OUR TEAM MEMBERS TO ENTER OR ADVANCE IN THE NURSING PROFESSION BY PROVIDING BOOKS AND AN EDUCATIONAL STIPEND TO ALLOW ASPIRING NURSES THE OPPORTUNITY TO FOCUS ON SCHOOL WHILE CONTINUING TO SUPPORT THEIR FAMILIES MANY ARE SINGLE PARENTS WHOSE LIFE SITUATIONS PRECLUDE THEM FROM MAKING THEIR DREAM OF BECOMING A NURSE A REALITY FOR MORE THAN A DECADE, THE DR GEORGE MORRIS EARN AS YOU LEARN PROGRAM HAS HELPED GRADUATE 234 REGISTERED NURSES, 166 LICENSED PRACTICAL NURSES, 283 PATIENT CARE TECHNICIANS, 60 UNIT SECRETARIES AND 10 MASTER'S PREPARED CLINICAL NURSE LEADERS ELEANOR THOMPSON NURSING SCHOOL (\$200,000) NURSING ASSISTANTS ARE A VITAL MEMBER OF THE PATIENT CARE DELIVERY TEAM THEY PROVIDE DIRECT PATIENT CARE AND SPEND THE MAJORITY OF TIME IN DIRECT CONTACT WITH THE PATIENT AND FAMILY WITH THE CURRENT ECONOMIC SITUATION, THERE IS NO LONGER A QUALITY NURSING ASSISTANT SCHOOL IN OUR SERVICE AREA THIS PROGRAM HELPS TEACH OUR OWN NURSING ASSISTANTS AND PREPARE THEM FOR THE DR GEORGE MORRIS EARN AS YOU LEARN RN PROGRAM FAMILY CARE FUND (\$118,377) WHEN UNEXPECTED EMERGENCIES AND EVENTS OCCUR IN OUR LIVES, MEETING OUR EVERYDAY NEEDS AND RESPONSIBILITIES CAN BECOME DIFFICULT ASSISTANCE TO TEAM MEMBERS FACING THESE UNANTICIPATED AND UNUSUAL SITUATIONS IS AVAILABLE THROUGH THE FAMILY CARE FUND LAST YEAR, THE FUND APPROVED AND PROVIDED FOR MORE THAN 175 REQUESTS FOR ASSISTANCE TO TEAM MEMBERS WHO HAD NOWHERE ELSE TO TURN EXCELLENCE IN SPIRITUALITY (\$110,000) CLINICAL PASTORAL EDUCATION IS THE LEADING INTERNATIONAL CLINICAL TRAINING PROGRAM FOR CLERGY BASED ON THE ACTION/REFLECTION MODEL OF LEARNING, THE PROGRAM PROVIDES INTERFAITH, PROFESSIONAL EDUCATION FOR MINISTRY LAST YEAR AT MORTON PLANT MEASE, FIVE FULL-TIME CHAPLAINS WITH SEVEN INTERNS PROVIDED MORE THAN 10,000 VISITS TO PATIENTS, FAMILIES AND TEAM MEMBERS BEREAVEMENT FOLLOW-UP PROGRAM PROVIDES SUPPORT TO FAMILY MEMBERS OF PATIENTS WHO DIE WHILE IN OUR CARE, AS WELL AS TO TEAM MEMBERS WHO LOSE A LOVED-ONE SINCE ITS INCEPTION, NEARLY 30,000 CARDS AND GRIEF EDUCATION PIECES HAVE BEEN DISTRIBUTED 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 RESOURCES AT NO COST TO THE TEAM MEMBERS OF MORTON PLANT MEASE - INCLUDING CHAIR MASSAGES, HEALING TOUCH THERAPY, TAI CHI, YOGA, GUIDED IMAGERY, PET THERAPY AND AROMATHERAPY GRADUATE NURSE RESIDENCY PROGRAM (\$95,696) CURRENTLY, MORTON PLANT MEASE ON-BOARDS GREATER THAN 100 GRADUATE NURSES ANNUALLY ON-BOARDING GRADUATE NURSES IMPACTS OUTCOMES BECAUSE OF THE QUICK TRANSITION FROM STUDENT TO NURSE AND THE OVERWHELMING AMOUNT OF INFORMATION PROVIDED IN ORIENTATION IF GRADUATE NURSES ARE ENGAGED EARLY IN THE ORIENTATION EXPERIENCE, WE CAN EXPECT TO SEE IMPROVED PERFORMANCE AND RETENTION MEDICAL ETHICS PROGRAM ENHANCEMENT (\$65,000) OVER THE PAST SEVERAL YEARS, MORTON PLANT MEASE HAS DEVELOPED AN ACTIVE CLINICAL ETHICS PROGRAM WE HAVE AN INTERDISCIPLINARY COMMITTEE THAT INCLUDES PHYSICIANS, RNS, CHAPLAINS, SOCIAL WORKERS, RESPIRATORY CAREGIVERS AND OTHERS THE CLINICAL ETHICS COMMITTEE SORTS THROUGH VALUES, IDENTIFIES PROBLEMS, ANALYZES CONCERNS AND ASSISTS WITH RESOLUTION OF THOSE PROBLEMS WOW! AWARDS (\$50,000) CELEBRATED DURING NATIONAL NURSES WEEK AND HOSPITAL WEEK IN MAY, THE WOW! NURSING AND TEAM MEMBER EXCELLENCE AWARDS HONORS OUR MOST COMPASSIONATE AND CARING NURSES AND TEAM MEMBERS WHO EXEMPLIFY OUTSTANDING CUSTOMER SERVICE, TEAMWORK AND COMMITMENT TO EXCELLENCE WOW! WINNERS ARE NOMINATED BY FELLOW TEAM MEMBERS AND WINNERS ARE SELECTED BY A COMMITTEE COMPRISED OF A CROSS SECTION OF TEAM MEMBERS, INCLUDING SENIOR LEADERSHIP, DIRECTORS, MANAGERS AND PEERS EACH HONOREE RECEIVES A MONETARY AWARD FOR THEIR PERSONAL AND PROFESSIONAL ACHIEVEMENTS DR AL EADDY FAMILY MEDICINE RESEARCH CENTER (\$50,000) THIS IS A PERMANENT GRANT FOR A RESEARCH CENTER ESTABLISHED IN LATE 2011 TO PROMOTE RESEARCH BASED EDUCATION AND STRUCTURED CLINICAL STUDIES FOR THE FAMILY MEDICINE FACULTY AND RESIDENTS SCHOLARLY ACCOMPLISHMENTS PROVIDED THROUGH THIS FUNDING DISTINGUISH OUR FACULTY AND RESIDENTS REGIONALLY AND NATIONALLY, AS WELL AS ENHANCING THE QUALITY AND SCOPE OF PATIENT CARE IN OUR COMMUNITY VOLUNTEER APPRECIATION AND RECOGNITION (\$37,000) VOLUNTEER RESOURCES PROVIDE AN INVALUABLE SERVICE TO OUR COMMUNITY BY PERFORMING TASKS FOR OUR PHYSICIANS, TEAM MEMBERS AND PATIENTS THAT ARE CRITICAL TO HOSPITAL OPERATIONS AND PATIENT SATISFACTION KEY COMPONENTS OF THE RECOGNITION PROGRAM INCLUDE INDIVIDUALIZED RECOGNITION, HONORING ACCOMPLISHMENTS AS THEY OCCUR, GROUP APPRECIATION BASED ON LIKE FUNCTIONS AND LOCATIONS, AND INTEGRATING VOLUNTEERS WITH TEAM RECOGNITIONS KATHERINE T SMITH SCHOLARSHIP (\$36,000) THE HOSPITALS OF MPM PROVIDE SCHOLARSHIPS FOR REGISTERED 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) 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 "AMBASSADORS OF CARE" PROVIDING POSITIVE HOSPITAL EXPERIENCES FOR PATIENTS AND FAMILIES THEY CONTRIBUTE TO PATIENT SATISFACTION BY ASSISTING WITH MEALS, HYGIENE, PROCEDURES, COMFORT, DIVERSIONS, AND PATIENT EDUCATION POWELL CHILD CARE AND LEARNING CENTER ENRICHMENT PROGRAM (\$20,000) MARY ANN & BERNARD F POWELL CHILDCARE & LEARNING CENTER PROVIDES CHILDREN A CHANCE TO BE INDEPENDENT AS WELL AS SELF-SUFFICIENT WITH EARLY SOCIAL CONTACTS THEY OFFER LEARNING PROGRAMS AND A SENSE OF BELONGING WHILE CONTINUOUSLY MEETING THE NEEDS OF CHILDREN AT THEIR STAGES OF DEVELOPMENT FUNDS FROM THIS GRANT HELP WITH THEIR ENRICHMENT PROGRAMS, INCLUDING YOGA, GYMNASTICS, MUSIC AND SPANISH CLASSES SPORTS CONCUSSION ASSESSMENT IMPACT PROGRAM (\$19,500) IMPACT (IMMEDIATE POST-CONCUSSION ASSESSMENT AND COGNITIVE TESTING) IS THE MOST-WIDELY USED AND 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-ADOLESCENT, ADOLESCENT AND ADULT ATHLETES JOAN CLOW SEMINAR FUND (\$18,000) ALLOWS OUR HOSPITALS TO FUND REGISTRATION, TRAVEL, HOTEL AND FOOD EXPENSES FOR UP TO FIVE NURSES AT A NATIONAL CONFERENCE IN THEIR AREAS OF SPECIALTY, INCLUDING MED SURG, CRITICAL CARE NURSING, ASSOCIATION OF OR NURSES, WOMEN'S SERVICES OR PEDS NURSING, EMERGENCY NURSES ASSOCIATION, AND WOUND OSTOMY PHYSICAL THERAPIST EARN AS YOU LEARN ASSISTANT (\$15,500) THIS GRANT ALLOWS OUR HOSPITALS TO FUND SCHOLASTIC AND PRACTICAL EDUCATION IN THE PHYSICAL THERAPY FIELD A PHYSICAL THERAPIST ASSISTANT IS A LICENSED PROFESSIONAL WITH AN ASSOCIATE OF SCIENCE DEGREE THE PTA EARN AS YOU LEARN PROGRAM ALLOWS THE PARTICIPANT TO ATTEND COLLEGE AND WORK PART-TIME AS A REHAB TECH TO OBTAIN TOTAL EARNINGS UP TO 40 HOURS PER WEEK DURING THE 2 YEAR PROGRAM LOIS ODENCE PLANTERS ENDOWMENT (\$15,000) THE MISSION OF PLANTERS IS TO PROVIDE SUPPLEMENTAL FINANCIAL SUPPORT TO MORTON PLANT MEASE NURSING STUDENTS THROUGH THE LOIS ODENCE PLANTERS ENDOWMENT

Return Reference	Explanation
FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	EXPANDED DESCRIPTION OF GRANTS FROM 4B (DISEASE SPECIFIC AND COMMUNITY OUTREACH) BOBBIE MARKS INDIGENT OVARIAN CANCER PROGRAM (\$375,000) OVARIAN CANCER ACCOUNTS FOR ABOUT 3% OF CANCERS AMONG WOMEN, BUT CAUSES MORE DEATHS THAN ANY OTHER CANCER OF THE FEMALE REPRODUCTIVE SYSTEM MANY OVARIAN CANCER PATIENTS ARE UNINSURED OR UNDERINSURED - THIS GRANT ALLOWS US TO CONTINUE TO SUPPORT THESE WOMEN THROUGH THE DURATION OF THEIR DIAGNOSIS IN THE HOSPITAL AND POST-DISCHARGE. FUNDS ARE USED TO OFFSET COSTS OF PROVIDING UNFUNDED CARE AND UTILIZING THE CANCER PATIENT SUPPORT SERVICES (CAPSS) TEAM, WHO PROVIDE NAVIGATION AND COUNSELING SERVICES FOR OVARIAN CANCER PATIENTS. INDIGENT PRESCRIPTION PROGRAM (\$250,000) 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 OVER THE PAST YEARS, WHILE THE VOLUME OF UNDERINSURED PATIENTS AT OUR HOSPITALS HAS INCREASED. THIS GRANT WILL PROVIDE THE FUNDS TO OUR HOSPITALS FOR ALL INDIGENT PATIENT PHARMACY AND TRANSPORTATION NEEDS AT TIME OF DISCHARGE. PALLIATIVE CARE SERVICES (\$250,000) THIS PROGRAM OFFERS A HOLISTIC APPROACH TO RELIEVING THE PAIN, SUFFERING AND STRESS FOR PATIENTS EXPERIENCING CHRONIC ILLNESS WITH EMOTIONAL, PSYCHO-SOCIAL AND SPIRITUAL SUPPORT. THE FOCUS OF THIS APPROACH IS ON PROVIDING COMPASSIONATE, SPECIALIZED ATTENTION TO THE NEEDS OF PATIENTS AND THEIR FAMILIES IN ORDER TO MAKE THEIR REMAINING YEARS AS COMFORTABLE AS POSSIBLE. THE PALLIATIVE CARE TEAM MAY INCLUDE SPECIALIZED PHYSICIANS, NURSES, PROFESSIONAL COUNSELORS AND CHAPLAINS WORKING TOGETHER WITH THE PATIENT, FAMILY AND CAREGIVERS. CLEARWATER FREE CLINIC (\$225,000) THROUGH A GRANT TO OUR HOSPITALS, MORTON PLANT MEASE HELPS SUPPORT THE CLINIC'S FULL-TIME ADVANCED REGISTERED NURSE PRACTITIONER (ARNP) WHO HAS INCREASED THE NUMBER OF AVAILABLE ADULT AND PEDIATRIC APPOINTMENTS BY APPROXIMATELY 4,500 PER YEAR. THE SUPPORT FROM MORTON PLANT MEASE HELPS THE CLINIC TO IMPROVE THE CONTINUITY OF PATIENT CARE, SCOPE OF CLINIC SERVICES AND REDUCE THE NUMBER OF UNNECESSARY AND COSTLY EMERGENCY ROOM AND HOSPITALIZATIONS TO MORTON PLANT HOSPITAL. CANCER PATIENT SUPPORT SERVICES / CAPSS (\$175,000) CAPSS WAS DEVELOPED TO ADDRESS THE PSYCHOSOCIAL, EMOTIONAL AND SPIRITUAL NEEDS OF ALL CANCER PATIENTS, THEIR FAMILIES AND FRIENDS. THE COUNSELORS OF CAPSS UTILIZE A VARIETY OF EDUCATIONAL AND SUPPORT SERVICES TO HELP CANCER SURVIVORS AND THEIR FAMILIES DEAL MORE EFFECTIVELY WITH THEIR EMOTIONAL DISTRESS. IN ORDER TO REDUCE BARRIERS, SERVICES ARE PROVIDED AT NO CHARGE AND ARE AVAILABLE TO ANYONE IN THE COMMUNITY, REGARDLESS OF WHERE THEY RECEIVE THEIR CANCER TREATMENT. CONGESTIVE HEART FAILURE CLINIC (\$150,000) HEART FAILURE IS OUR #1 DIAGNOSED DISCHARGE AND MORTALITY RATES ARE NEARLY 50% WITHIN FIVE YEARS. CLINIC FOCUSES ON PREVENTING READMISSIONS AND PROVIDING THE RESOURCES FOR UNFUNDED PATIENTS TO HAVE ACCESS TO NEEDED MEDICATIONS, HOMECARE AND EDUCATION. HOMELESS EMPOWERMENT PROGRAM (\$124,000) FOR OVER TEN YEARS, MORTON PLANT HOSPITAL HAS PROVIDED A MEDICAL OVERLAY TEAM FOR CLEARWATER'S HOMELESS EMPOWERMENT PROGRAM (HEP) THROUGH A GRANT TO THE HOSPITALS OF MORTON PLANT MEASE. THE HEALTH SYSTEM SUPPORTS TWO LICENSED PRACTICAL NURSES AND ONE ADVANCED REGISTERED NURSE PRACTITIONER THAT PROVIDE ASSESSMENT, CRISIS INTERVENTION, CASE MANAGEMENT AND TREATMENT TO THIS HIGH RISK POPULATION. COMPREHENSIVE BREAST HEALTH PROGRAM (\$100,000) THERE ARE OVER 17% OF PINELLAS COUNTY RESIDENTS WITHOUT INSURANCE AND THE FINANCIAL RESOURCES TO OBTAIN BREAST HEALTH SERVICES. THIS PROGRAM PROVIDES FUNDING THROUGH OUR HOSPITALS FOR DIAGNOSIS AND TREATMENT OF UNINSURED WOMEN WITH BREAST CANCER THROUGH THE MAMMOGRAPHY VOUCHER PROGRAM (MVP), AS WELL AS TO FUND A BREAST HEALTH NAVIGATOR WHO PROVIDES INITIAL EDUCATION FOR WOMEN WITH NEWLY DIAGNOSED BREAST CANCER THROUGHOUT THE HEALTH SYSTEM. GOOD SAMARITANS HEALTH CLINIC OF PASCO - NURSE PRACTITIONER (\$100,000) THROUGH A GRANT TO THE HOSPITALS OF MORTON PLANT MEASE, MORTON PLANT NORTH BAY HOSPITAL PROVIDES A NURSE PRACTITIONER FOR THE GOOD SAMARITANS HEALTH CLINIC, LESS THAN A MILE AWAY FROM THE HOSPITAL. THE FUNDING OF THE NURSE PRACTITIONER POSITION INCREASES ACCESS TO QUALITY, NON-URGENT MEDICAL CARE FOR AN ADDITIONAL 2,100 LOW INCOME PATIENTS IN PASCO COUNTY. TURLEY INDIGENT DIABETIC AFTER CARE (\$97,000) THIS NATIONALLY RECOGNIZED PROJECT HELPS 75 UNINSURED PATIENTS EACH YEAR WITH DIABETES WHO ARE TREATED 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 FAMILY HEALTH CENTER. FAITH COMMUNITY NURSING RN COORDINATOR (\$70,000) PROVIDES PARTNERSHIP FAITH COMMUNITIES AND VOLUNTEER NURSES WITH EDUCATION, TRAINING AND MATERIALS TO PROMOTE HEALTH AND WELLNESS IN THE COMMUNITIES WE SERVE. AS PART OF THE FCN PROGRAM INTEGRATION WITH OUR HOSPITALS OUR RN COORDINATORS WORK IN CREATIVE, INNOVATIVE WAYS TO PROMOTE MPM, RECRUIT NEW FAITH PARTNERS AND TO MAINTAIN A ROBUST GROUP OF OVER 100 VOLUNTEER NURSES IN THE COMMUNITY. LA CLINICA GUADALUPANA (\$50,000) THROUGH A GRANT TO OUR HOSPITALS, MORTON PLANT MEASE HELPS SUPPORT LA CLINICA'S VOLUNTEER PHYSICIANS, NURSES, DIETICIANS, AND ONE PAID STAFF MEMBER TO MEET THE NON-EMERGENT NEEDS OF THE UNINSURED HISPANIC MEMBERS OF OUR COMMUNITY. PARTNERING WITH THE CATHOLIC DIOCESES. MPM'S FINANCIAL SUPPORT ALSO HELPS THE CLINIC TO REDUCE NON-EMERGENT VISITS TO MORTON PLANT'S ER. MADONNA PTAK CENTER FOR ALZHEIMER'S RESEARCH AND MEMORY DISORDERS (\$50,000) THE MADONNA 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. THIS CLINIC ENHANCES OUR POSITION TO PROVIDE MEMORY DISORDERS PATIENTS WITH THE BEST CARE POSSIBLE AND INCLUDE THEM IN CLINICAL RESEARCH TRIALS AS APPROPRIATE AND CONTINUE TO OFFER ACCESS TO THOSE WHO CANNOT AFFORD CARE. PROSTATE CANCER PROGRAM (\$50,000) PROSTATE CANCER IS THE MOST COMMONLY DIAGNOSED MALIGNANCY IN MEN IN THE US. THE GOAL OF THIS PROGRAM IS TO HELP MEN IN OUR COMMUNITIES IDENTIFY THEIR MEDICAL NEEDS AT THE EARLIEST STAGES WHEN TREATMENT IS VIABLE. COMMUNITY EDUCATION/AWARENESS, SCREENINGS AND COUNSELING FOCUSED ON IMPROVING THE PROSTATE HEALTH OF MEN IN OUR COMMUNITY ARE PROVIDED, AS WELL AS DIAGNOSIS AND TREATMENT FOR UNDERSERVED MEN. 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 (\$43,000) CAMP LIVING SPRINGS PROMOTES CAMARADERIE, RELAXATION AND SHARED EXPERIENCES WHILE NURTURING THE SPIRIT OF THOSE TOUCHED BY CANCER. THIS ONE-OF-A-KIND, THREE-DAY CAMPING EXPERIENCE FOR ADULT CANCER SURVIVORS IS OFFERED AT NO COST TO 90 PARTICIPANTS EACH YEAR AND STAFFED WITH VOLUNTEERS, NURSES, AND COUNSELORS WHO WILLINGLY DONATE THEIR TIME. GLADY'S DOUGLAS FOREVER FIT (\$24,000) THE FOREVER FIT PROGRAM, WHICH CAN ACCOMMODATE 35 PATIENTS PER MONTH, ALLOWS INDIVIDUALS (MANY WHO ARE UNABLE TO EXERCISE INDEPENDENTLY) TO CONTINUE A MONITORED EXERCISE PROGRAM THAT IS NOT COVERED BY INSURANCE. ADDITIONAL FUNDING WILL ALLOW THE PROGRAM TO CONTINUE UNDER THE PRESENT MODEL WHICH HELPS TO REDUCE READMISSION TO THE HOSPITALS FOR CARDIOVASCULAR EVENTS. POWER PROGRAM (\$1,404) THIS SPECIALLY DESIGNED PROGRAM FOR OUR BREAST CANCER PATIENTS EMPOWERS THEM WITH KNOWLEDGE, EMOTIONAL SUPPORT AND WHOLE-BODY WELLNESS. THIS DIAGNOSIS-TO-RECOVERY PROGRAM HELPS TO GUIDE AND SUPPORT EACH WOMAN THROUGH HER JOURNEY BY INTEGRATING PHYSICAL ACTIVITY, PROPER NUTRITION AND EMOTIONAL SUPPORT. THIS GRANTS ALSO HELPED PROVIDE CANCER PATIENTS A CONTINUUM OF CARE WITH YOGA CLASSES AT THE AXELROD PAVILION.

Return Reference	Explanation
FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	EXPANDED DESCRIPTION OF GRANTS FROM 4C (CAPITAL GRANTS) MORTON PLANT MEASE HEALTH CARE FOUNDATION PROVIDES THE HOSPITALS OF MORTON PLANT MEASE WITH A VARIETY OF CAPITAL FUNDS TO SUPPORT INNOVATIVE MEDICAL TECHNOLOGIES AND FACILITY UPGRADES IN 2015, THESE CAPITAL FUNDS PURCHASED THE FOLLOWING INTRA-OPERATIVE MRI (IMRI) AT MORTON PLANT HOSPITAL (\$1,296,422) TO BE HOUSED IN THE NEW NEUROLOGICAL OPERATING SUITE IN THE FUTURE DOYLE TOWER, THIS IMRI TECHNOLOGY WILL PROVIDE NEUROSURGEONS REAL-TIME VIEWS OF THE BRAIN DURING SURGERY , ALLOWING THEM TO DETECT ABNORMAL TISSUES AND REMOVE BRAIN TUMORS SAFELY AND EFFECTIVELY IN MANY CASES, THIS REDUCES THE NEED FOR SOME PATIENTS TO UNDERGO A SECOND OPERATION AND MINIMIZES THE RISK OF SURGICAL COMPLICATIONS VOLUNTEER RESOURCES CARELIFT AND CARERIDE REPLACEMENTS (\$77,000) THROUGH A GRANT TO THE HOSPITALS 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 TRANSPORTATION SERVICES TRANSPORTATION SERVICES CAN LITERALLY BE A LIFELINE FOR PATIENTS WHO MIGHT NOT OTHERWISE FOLLOW THROUGH WITH MEDICAL APPOINTMENTS AND THERAPY TREATMENTS POWELL CHILD CARE AND LEARNING CENTER CAPITAL (\$36,000) THE MARY ANN & BERNARD F POWELL CHILDCARE & LEARNING CENTER PROVIDES CHILDREN A CHANCE TO BE INDEPENDENT AS WELL AS SELF-SUFFICIENT WITH EARLY SOCIAL CONTACTS THEY OFFER LEARNING PROGRAMS AND A SENSE OF BELONGING WHILE CONTINUOUSLY MEETING THE NEEDS OF CHILDREN AT THEIR STAGES OF DEVELOPMENT FUNDS FROM THIS GRANT WILL HELP REPLACE FURNITURE, FLOORING, CABINETRY, FIXTURES AND TOYS THAT ARE NEARING END-OF-LIFE ALARIS IV INFUSION PUMPS FOR MEASE DUNEDIN HOSPITAL'S CLINICAL EDUCATION BUILDING (\$25,350) THIS GRANT FUNDED 13 UNITS FOR OUR HOSPITAL TO BETTER HELP OUR NURSES LEARN HOW TO USE THE ALARIS PUMPS AND PRACTICE BEFORE PROVIDING DIRECT PATIENT CARE AT THE BEDSIDE THE PUMPS HELP CONTINUOUSLY OR INTERMITTENTLY DELIVER FLUIDS, MEDICATIONS, BLOOD AND BLOOD PRODUCTS TO ADULT, PEDIATRIC OR NEONATAL PATIENTS HUMAN PERFORMANCE CENTER AT MORTON PLANT'S PTAK REHAB (\$24,083) THERE IS CURRENTLY ONLY ONE CENTER IN THE TAMPA BAY AREA PERFORMING MAX VO2, RMR TESTING (RESTING METABOLIC RATE) AND LT TESTING (LACTATE TESTING) THIS GRANT NOW ALLOWS OUR HOSPITAL TO PROVIDE THESE TESTS FOR TRAINING AND/OR INJURED ATHLETES, AND ASSIST WITH THE TREATMENT OF PATIENTS WITH CARDIOMYOPATHY, RESTRICTIVE LUNG DISEASE, PATIENTS WHO NEED TO BE QUALIFIED FOR HEART/HEART-LUNG TRANSPLANT OR MORBIDLY OBESE PATIENTS WHO NEED AN EXERCISE PRESCRIPTION AS PART OF THE MEDICAL PROFILE BOTH PRE- AND POST-SURGERY PANDA BED WARMER AT MORTON PLANT NORTH BAY HOSPITAL (\$21,762) THE PANDA WARMER HELPS THE HOSPITAL'S EMERGENCY ROOM CARETAKERS BY HELPING KEEP HEALTHY BABIES HEALTHY THE RECESSED HEATER DESIGN LETS NURSES SEE AND ACCESS THE BABIES EASIER, AND IT KEEPS PATIENTS WARM AND CONTENT WHILE KEEPING NURSES COOL AND COMFORTABLE OTHER KEY FEATURES INCLUDE AN INTEGRATED IN-BED SCALE AND SUPPORT FOR RESUSCITATION THERAPY DEFIBRILLATORS FOR HOSPITALS' HUMAN PATIENT SIMULATORS (\$20,000) THROUGH A GRANT TO THE HEALTH SYSTEM'S CLINICAL EDUCATION SERVICES TEAM, DEFIBRILLATORS WERE PURCHASED TO BE USED WITH HUMAN PATIENT SIMULATION FOR ADVANCED CARDIAC LIFE SUPPORT (ACLS) TRAINING FOR OUR NURSES AND PHYSICIANS OUR SIMULATORS ALLOW THE PARTICIPANT TO DEFIBRILLATE (SHOCK) THEM THIS IS ESSENTIAL TO PERFORM THIS SKILL WITH THE ACTUAL DEFIBRILLATOR ON A SIM SO THAT WHEN THE NEED ARISES IN REAL LIFE, THEY KNOW EXACTLY WHAT TO DO TO SAVE LIVES BIODEX OFFSET UNWEIGHING SYSTEM AT MORTON PLANT HOSPITAL'S PTAK REHAB CENTER (\$7,700) THE PTAK REHAB CENTER HAS SEEN AN INCREASED NUMBER OF STROKE, SPINAL CORD INJURED, LOWER EXTREMITY TOTAL JOINT REPLACEMENT PATIENTS AND LOWER EXTREMITY AMPUTEE PATIENTS THIS SYSTEM WILL HELP THESE PATIENTS REQUIRING STANDING AND/OR GAIT TRAINING NEED 2-3 THERAPISTS/TECHS TO ACCOMPLISH A SAFE THERAPY SESSION FOR THE PATIENT & THERAPISTS LIFEGAIT WALKER AND GAITKEEPER TREADMILL (\$7,305) FOR THE CHILDREN'S OUTPATIENT CENTER ACROSS FROM MEASE COUNTRYSIDE HOSPITAL, THIS SPECIALIZED TREADMILL HELPS PEDIATRIC PATIENTS DEVELOP AND IMPROVE BALANCE UPRIGHT POSTURE, STRENGTH, COORDINATION AND GAIT ABILITIES IT ALSO ELIMINATES THE FEAR OF FALLING AND PROMOTES A SENSE OF ACCOMPLISHMENT STARLIGHT FUN CENTER FOR PEDIATRIC PATIENTS AT MORTON PLANT HOSPITAL'S ER (\$5,000) THIS SELF-CONTAINED MOBILE ENTERTAINMENT UNIT EQUIPPED WITH VIDEO GAMES AND A DVD PLAYER PROVIDES A COMFORTING BREAK OR DISTRACTION FOR THE OVERWHELMING NATURE OF A VISIT TO THE EMERGENCY ROOM THE FOUNDATION FUNDED ONE FOR MEASE COUNTRYSIDE HOSPITAL'S ER A FEW YEARS AGO AND HAS BEEN USED FREQUENTLY ACCUVEIN FOR MORTON PLANT HOSPITAL (\$4,812) THIS PORTABLE, LIGHT-WEIGHT VEIN FINDING DEVICE HELPS OUR CARE GIVERS EASILY LOCATE THE BEST VEIN WITH MINIMAL STICKS, WHICH IS ESPECIALLY HELPFUL WHEN TREATING OUR YOUNGER PATIENTS AND BABIES PATIENT AND NURSING SATISFACTION ARE IMPACTED GREATLY THANKS TO FINDING THE VEIN WITH FEWER STICKS

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

2015

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	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

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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

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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- | | |
|----------|---|
| a | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity |
| b | Gift, grant, or capital contribution to related organization(s) |
| c | Gift, grant, or capital contribution from related organization(s) |
| d | Loans or loan guarantees to or for related organization(s) |
| e | Loans or loan guarantees by related organization(s) |
| f | Dividends from related organization(s) |
| g | Sale of assets to related organization(s) |
| h | Purchase of assets from related organization(s) |
| i | Exchange of assets with related organization(s) |
| j | Lease of facilities, equipment, or other assets to related organization(s) |
| k | Lease of facilities, equipment, or other assets from related organization(s) |
| l | Performance of services or membership or fundraising solicitations for related organization(s) |
| m | Performance of services or membership or fundraising solicitations by related organization(s) |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) |
| o | Sharing of paid employees with related organization(s) |
| p | Reimbursement paid to related organization(s) for expenses |
| q | Reimbursement paid by related organization(s) for expenses |
| r | Other transfer of cash or property to related organization(s) |
| s | Other transfer of cash or property from related organization(s) |

	Yes	No
1a		No
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p	Yes	
1q		No
1r		No
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

[illegible]

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.

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
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