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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

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

C Name of organization
MORTON PLANT MEASE HEALTH CARE FOUNDATION INC

Doing business as

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

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

D Employer identification number
59-1751535

E Telephone number
(727) 462-7036

G Gross receipts $ 48,119,383

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

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	27
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	27
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	43
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,468,810	6,758,798
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,045,317	1,859,471
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-185,963	-230,005
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,328,164	8,388,264
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,374,410	7,092,960
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,561,201	1,357,552
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶957,840		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	908,482	1,109,513
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,844,093	9,560,025
19	Revenue less expenses Subtract line 18 from line 12	-515,929	-1,171,761

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	101,501,211	104,120,429
21	Total liabilities (Part X, line 26)	8,756,838	7,820,363
22	Net assets or fund balances Subtract line 21 from line 20	92,744,373	96,300,066

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

****** 2017-06-20
Signature of officer Date

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DEBI ALBERDI	DEBI ALBERDI			P00633271

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

MORTON PLANT MEASE HEALTH CARE FOUNDATION IS COMMITTED TO SUPPORTING THE HOSPITALS OF MORTON PLANT MEASE TO IMPROVE THE HEALTH AND WELLNESS OF OUR COMMUNITY BY INSPIRING PEOPLE TO INVEST IN HIGH-QUALITY, COMPASSIONATE CARE

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 1,363,801 including grants of $ 1,294,749) (Revenue $)

PROVIDING SUPPORT TO ENHANCE QUALITY OF CLINICAL CARE FROM MORTON PLANT MEASE NURSES, PHYSICIANS AND VOLUNTEERS, INCLUDING DR GEORGE MORRIS EARN AS YOU LEARN NURSING EDUCATION PROGRAM, FAMILY MEDICINE RESIDENCY CLINICAL TRAINING AND RESEARCH, MULTIPLE NURSING SCHOLARSHIPS AND CERTIFICATION TRAINING, EDUCATIONAL SYMPOSIUM FOCUSED ON COLLABORATION BETWEEN PHYSICIANS AND NURSES, AND EMERGENCY ASSISTANCE FOR OUR TEAM MEMBERS IN NEED SEE SECTION O FOR A DETAILED DESCRIPTION OF EACH PROGRAM REQUESTED BY THE HOSPITALS OF MORTON PLANT MEASE

4b (Code) (Expenses $ 1,842,579 including grants of $ 1,749,286) (Revenue $)

PROVIDING DISEASE SPECIFIC PROGRAMS TO IMPROVE THE HEALTH OF THE COMMUNITY, INCLUDING EMOTIONAL AND SPIRITUAL SUPPORT FOR PATIENTS FIGHTNING CANCER, PROSTATE AND BREAST HEALTH PROGRAMS, CARDIOVASCULAR WELLNESS REHABILITATION, COMMUNITY DENTAL HEALTH AT MORTON PLANT NORTH BAY 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 $ 4,264,864 including grants of $ 4,048,925) (Revenue $)

PROVIDING CAPITAL SUPPORT TO THE HOSPITALS OF MORTON PLANT MEASE, INCLUDING PROJECT ENHANCEMENTS FOR MORTON PLANT'S NEW DOYLE TOWER, HD INTRA-OPERATIVE VIDEO AND MONITORING EQUIPMENT FOR MORGAN HEART HOSPITAL, BUILD-OUT AND EQUIPMENT FOR MORTON PLANT NORTH BAY'S NEW CARDIOPULMONARY REHAB PROGRAM, LASER GUIDED DIAGNOSTIC TESTING OF ESOPHAGEAL CANCER, 3D TOMOSYNTHESIS BREAST BIOPSY GUIDANCE SYSTEM FOR COUNTRYSIDE'S SUSAN CHEEK NEEDLER BREAST CENTER, AND NEW CARE VANS FOR VOLUNTEER RESOURCES SEE SECTION O FOR A DETAILED DESCRIPTION OF EACH CAPITAL GRANT REQUESTED BY THE HOSPITALS OF MORTON PLANT MEASE

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

4e **Total program service expenses ▶** 7,471,244

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		No
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

Part IV **Checklist of Required Schedules** *(continued)*

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

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

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	192		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	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	1a	27		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	27		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶MS KATHRYN LANE 1200 DRUID ROAD SOUTH CLEARWATER, FL 33756 (727) 462-7036

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								213,543	631,072	174,128

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . 1a				
	b Membership dues . . 1b				
	c Fundraising events . . 1c	840,065			
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	5,918,733			
	g Noncash contributions included in lines 1a-1f $ 1,310,995				
	h **Total.** Add lines 1a-1f . . . . . ▶	6,758,798			
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) . . . . . ▶	2,026,775			2,026,775
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	39,051,503			
	b Less cost or other basis and sales expenses	39,218,807			
	c Gain or (loss)	-167,304			
	d Net gain or (loss) . . . . . ▶	-167,304			-167,304
	8a Gross income from fundraising events (not including $ 840,065 of contributions reported on line 1c) See Part IV, line 18 . . . . a	282,307			
	b Less direct expenses . . . b	512,312			
	c Net income or (loss) from fundraising events . . ▶	-230,005			-230,005
	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 . . . . . ▶	8,388,264	0	0	1,629,466

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	7,092,960	7,092,960		
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, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	280,926	28,093	112,370	140,463
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	889,961	166,241	295,292	428,428
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	6,152	5,010		1,142
9 Other employee benefits	107,590	19,043	35,535	53,012
10 Payroll taxes	72,923	12,397	25,158	35,368
11 Fees for services (non-employees)				
a Management				
b Legal	172,667		86,334	86,333
c Accounting	40,000		40,000	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	393,788		393,788	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	192,371	77,350	5,175	109,846
12 Advertising and promotion	25,883	4,080	10,048	11,755
13 Office expenses	62,425	7,832	37,828	16,765
14 Information technology				
15 Royalties . .				
16 Occupancy	135,631	40,082	55,249	40,300
17 Travel	13,210	3,948	5,314	3,948
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	6,451	2,293	1,865	2,293
20 Interest	596		596	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	32,972	6,594	13,189	13,189
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	33,519	5,321	13,200	14,998
25 **Total functional expenses.** Add lines 1 through 24e	9,560,025	7,471,244	1,130,941	957,840
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 IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	550	1	550
	2	Savings and temporary cash investments	580,969	2	952,269
	3	Pledges and grants receivable, net	6,313,523	3	4,742,919
	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	163,566	9	203,782
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 1,519,884			
	b	Less accumulated depreciation — 10b: 1,064,120	480,055	10c	455,764
	11	Investments—publicly traded securities	64,575,474	11	67,810,116
	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	29,387,074	15	29,955,029
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	101,501,211	16	104,120,429
Liabilities	17	Accounts payable and accrued expenses	383,844	17	545,372
	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	8,372,994	25	7,274,991
	26	**Total liabilities.** Add lines 17 through 25	8,756,838	26	7,820,363
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	17,988,208	27	21,991,065
	28	Temporarily restricted net assets	48,269,211	28	46,351,174
	29	Permanently restricted net assets	26,486,954	29	27,957,827
		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	92,744,373	33	96,300,066
	34	Total liabilities and net assets/fund balances	101,501,211	34	104,120,429

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,388,264
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,560,025
3	Revenue less expenses Subtract line 2 from line 1	3	-1,171,761
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	92,744,373
5	Net unrealized gains (losses) on investments	5	3,660,161
6	Donated services and use of facilities	6	66,244
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,001,049
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	96,300,066

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 59-1751535

Name: MORTON PLANT MEASE HEALTH CARE FOUNDATION INC

Form 990 (2016)

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
RUTHY DUPONT DIRECTOR	1 00	X						0	0	0
ROBERT ENTEL MD DIRECTOR	1 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			
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
M SCOTT KLAVANS MD DIRECTOR	1 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

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			
MARY ANN MCARTHUR DIRECTOR	2 00	X						0	0	0
JAMES NICHOLS DIRECTOR	1 00	X						0	0	0
SYDNEY NIEWIERSKI DIRECTOR	2 00	X						0	0	0
MARION RICH DIRECTOR	1 00	X						0	0	0
KATE TIEDEMANN DIRECTOR	2 00	X						0	0	0
JAMES WATROUS DIRECTOR	2 00	X						0	0	0
KRIS HOCE DIRECTOR	1 00 45 00	X						0	631,072	106,746
ERNESTINE MORGAN CFRE PRESIDENT AND CEO	60 00			X				213,543	0	67,382

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2016

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ 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)

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

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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 _____

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- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	5,442,854	10,403,241	5,054,234	3,468,810	6,758,798	31,127,937
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	5,442,854	10,403,241	5,054,234	3,468,810	6,758,798	31,127,937
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)						5,118,637
6 **Public support.** Subtract line 5 from line 4						26,009,300

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	5,442,854	10,403,241	5,054,234	3,468,810	6,758,798	31,127,937
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,008,002	1,828,685	1,989,660	1,836,676	2,026,775	9,689,798
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						40,817,735

12 Gross receipts from related activities, etc (see instructions) **12** 1,204,231

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 2016 (line 6, column (f) divided by line 11, column (f))	**14**	63 720 %
15 Public support percentage for 2015 Schedule A, Part II, line 14	**15**	63 380 %

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** 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 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d 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		
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		
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		
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 12a or 12b in Part I, answer (b) and (c) below*	4a		
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		
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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
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 I of Schedule L (Form 990 or 990-EZ)*	8		
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		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) 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		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
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		

Part IV Supporting Organizations (continued)

			Yes	No
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		
b	A family member of a person described in (a) above?	11b		
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		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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 2016 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-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
MORTON PLANT MEASE HEALTH CARE FOUNDATION INC

Employer identification number
59-1751535

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" 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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	26,486,954	26,870,216	26,628,449	25,088,587	24,144,938
b Contributions	1,166,348	242,885	216,391	224,083	123,981
c Net investment earnings, gains, and losses	304,525	-626,147	25,376	1,315,779	819,668
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	27,957,827	26,486,954	26,870,216	26,628,449	25,088,587

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on 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		602,343	425,144	177,199
d Equipment		111,406	104,886	6,520
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))* ▶				455,764

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1) CASH SURRENDER VALUE LIFE INSURANCE	4,280,370
(2) CLAIM SETTLEMENT RECEIVABLE	857,475
(3) EXTERNALLY CONTROLLED ENDOWMENTS	14,698,933
(4) INTEREST RECEIVABLE	76,195
(5) OTHER ASSETS	269,861
(6) REMAINDER INTEREST IN TRUST AND ESTATES	9,772,195
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	29,955,029

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
GIFT ANNUITY OBLIGATIONS	6,261,262
LIABILITY UNDER TRUST AGREEMENTS	1,013,729
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	7,274,991

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	12,817,314
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	3,660,161		
b	Donated services and use of facilities	2b	91,744		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	1,070,933		
e	Add lines **2a** through **2d**			2e	4,822,838
3	Subtract line **2e** from line **1**			3	7,994,476
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	393,788		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	393,788
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	8,388,264

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	9,261,621
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	69,884		
e	Add lines **2a** through **2d**			2e	95,384
3	Subtract line **2e** from line **1**			3	9,166,237
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	393,788		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	393,788
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	9,560,025

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 59-1751535

Name: MORTON PLANT MEASE HEALTH CARE FOUNDATION INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE FOUNDATION RECEIVES INCOME FROM CERTAIN ENDOWMENT FUNDS THAT ARE NEITHER IN THE FOUNDA TION'S POSSESSION NOR UNDER ITS CONTROL THESE EXTERNAL ENDOWMENT ASSETS ARE HELD IN PERPE TUITY AND ARE INVESTED AND MANAGED BY OUTSIDE TRUSTEES IN ACCORDANCE WITH TRUST INSTRUMENT S ESTABLISHED BY THE DONORS THE FOUNDATION'S ENDOWMENT CONSISTS OF APPROXIMATELY 26 INDIV IDUAL 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 DIRECTOR S OF THE FOUNDATION HAS INTERPRETED THE FLORIDA UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONA L 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 STIPULA TIONS TO THE CONTRARY AS A RESULT OF THIS INTERPRETATION, THE FOUNDATION CLASSIFIES AS PE RMANENTLY RESTRICTED NET ASSETS (A) THE ORIGINAL VALUE OF GIFTS DONATED TO THE PERMANENT E NDOWMENT, (B) THE ORIGINAL VALUE OF SUBSEQUENT GIFTS TO THE PERMANENT ENDOWMENT, (C) ACCUM ULATIONS TO THE PERMANENT ENDOWMENT MADE IN ACCORDANCE WITH THE DIRECTION OF THE APPLICABL E DONOR GIFT INSTRUMENT AT THE TIME THE ACCUMULATION IS ADDED TO THE FUND, AND (D) FOR END OWMENTS INSTRUMENTS THAT ARE SILENT AS TO THE RESTRICTION OF THE EARNINGS, THE BOARD HAS D ETERMINED TO RECORD ALL REALIZED AND UNREALIZED GAINS AND LOSSES THROUGH TEMPORARILY OR UN RESTRICTED DEPENDING ON THE PURPOSE RESTRICTION OF THE ENDOWMENT

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	IN ACCORDANCE WITH ASC 740, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES", THE FOUNDATION H AS NOT RECOGNIZED ANY RESPECTIVE LIABILITY FOR UNRECOGNIZED TAX BENEFITS AS IT HAS NO KNOW N TAX POSITIONS THAT WOULD SUBJECT THE FOUNDATION TO ANY MATERIAL INCOME TAX EXPOSURE A R ECONCILIATION OF THE BEGINNING AND ENDING AMOUNT OF UNRECOGNIZED TAX BENEFITS IS NOT INCLU DED, NOR IS THERE ANY INTEREST ACCRUED RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EX PENSE AND PENALTIES IN OPERATING EXPENSES AS THERE ARE NO UNRECOGNIZED TAX BENEFITS

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN SPLIT-INTEREST AGREEMENTS 1,070,933

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	UNCOLLECTIBLE PLEDGES 69,884

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" 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

2016

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? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				▶			

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" 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 / Direct Expenses		(a) Event #1 GOLF TOURNEY (event type)	(b) Event #2 100TH BALL (event type)	(c) Other events 7 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	132,472	628,013	339,861	1,100,346
	2 Less Contributions	79,420	503,277	248,565	831,262
	3 Gross income (line 1 minus line 2)	53,052	124,736	91,296	269,084
Direct Expenses	4 Cash prizes			5,000	5,000
	5 Noncash prizes				
	6 Rent/facility costs	14,535	7,130	8,853	30,518
	7 Food and beverages	17,672	126,137	94,347	238,156
	8 Entertainment		23,500	7,522	31,022
	9 Other direct expenses	32,086	102,890	64,069	199,045
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				503,741
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-234,657

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

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	**13a**	%
b An outside facility	**13b**	%

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

Name ▶ ----------

Address ▶ ----------

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

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

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

Name ▶ ----------

Address ▶

----

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

2016

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MORTON PLANT HOSPITAL ASSOCIATION INC 300 PINELLAS STREET CLEARWATER, FL 33756	59-0624462	501(C)(3)	6,218,172				SEE SCHEDULE O FOR GRANT DESCRIPTIONS
(2) TRUSTEES OF MEASE HOSPITAL INC 300 PINELLAS STREET CLEARWATER, FL 33756	59-0855412	501(C)(3)	874,788				SEE SCHEDULE O FOR GRANT DESCRIPTIONS

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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 FURTHER THEIR EXEMPT PURPOSES

Additional Data

Software ID:
Software Version:
EIN: 59-1751535
Name: MORTON PLANT MEASE HEALTH CARE FOUNDATION INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MORTON PLANT HOSPITAL ASSOCIATION INC 300 PINELLAS STREET CLEARWATER, FL 33756	59-0624462	501(C)(3)	6,218,172				SEE SCHEDULE O FOR GRANT DESCRIPTIONS
TRUSTEES OF MEASE HOSPITAL INC 300 PINELLAS STREET CLEARWATER, FL 33756	59-0855412	501(C)(3)	874,788				SEE SCHEDULE O FOR GRANT DESCRIPTIONS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" 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*.**

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
MORTON PLANT MEASE HEALTH CARE FOUNDATION INC

Employer identification number
59-1751535

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed 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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed 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?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
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?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
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 accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" 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
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KRIS HOCEDIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	631,072	0	0	88,254	18,492	737,818	0
2 ERNESTINE MORGAN CFRE PRESIDENT AND CEO	(i)	213,543	0	0	56,631	10,751	280,925	0
	(ii)	0	0	0	0	0	0	0

See Additional Data Table

Part III Supplemental Information

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

Return Reference	Explanation
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
SCHEDULE J, PART I, LINE 3	QUALIFICATIONS OF KEY MEMBER OF MANAGEMENT RECEIVING COMPENSATION PRESIDENT AND CEO - ERNESTINE MORGAN, CFRE HAS 16 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

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
MORTON PLANT MEASE HEALTH CARE FOUNDATION INC

Employer identification number
59-1751535

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	11	1,287,524	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	23,471	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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	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

2016

Open to Public Inspection

Name of the organization
MORTON PLANT MEASE HEALTH CARE FOUNDATION INC

Employer identification number
59-1751535

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 2	ADVANCE REGISTERED NURSE RESIDENCY PROGRAM ($103,532) IN ORDER TO MEET THE NEEDS OF OUR CO MMUNITY, A NON-PHYSICIAN PROVIDER INTAKE MODEL FOR PRIMARY CARE WAS NEEDED TO ENSURE THAT PATIENTS HAVE ACCESS TO QUALITY, SAFE CARE IN A TIMELY MANNER THE AIM OF THE ADVANCE REGI STERED NURSE PRACTITIONER (ARNP) RESIDENCY PROGRAM IS TO PREPARE THE MPM NOVICE NURSE PRAC TITIONER FOR PRACTICE WITH THE SUPPORT AND PRECEPTORSHIP OF PRIMARY CARE PHYSICIANS NEWBO RN HALO SLEEP SACKS ($46,332) THANKS TO FUNDING FROM THE FOUNDATION'S SKIP CLINE SOCIETY, A GRANT WAS PROVIDED TO EQUIP MORTON PLANT AND MEASE COUNTRYSIDE'S OB UNITS WITH WEARABLE BLANKETS THAT REPLACES LOOSE BLANKETS IN THE CRIB THAT COVER A BABY'S FACE AND INTERFERE W ITH BREATHING IN ADDITION TO SLEEPING SAFER, IT'S A BLANKET THEY CAN'T KICK OFF, ENSURING A BABY SLEEPS SOUNDLY MPM/ PINELLAS TECHNICAL COLLEGE NURSING ASSISTANT PROGRAM ($27,936) NURSING ASSISTANTS (NA) ARE A VITAL MEMBER OF THE PATIENT CARE DELIVERY TEAM THEY PROVI DE DIRECT PATIENT CARE AND SPEND THE MAJORITY OF TIME IN DIRECT CONTACT WITH THE PATIENT A ND FAMILY THIS PROGRAM ASSISTS IN FILLING VACANCIES THAT ARE LEFT AFTER OUR CURRENT PCTS GRADUATE FROM NURSING SCHOOL WITH THIS PARTNERSHIP, WE ARE ABLE TO TAP INTO ADDITIONAL TE ACHING RESOURCES TO FILL OUR NA AND PCT VACANCIES MPM IS ALLOWED TO CHOOSE THE STUDENT/TE AM MEMBER, HELP DEVELOP COURSE CONTENT AND HAVE THE STUDENTS PERFORM THEIR CLINICALS IN OU R HOSPITALS COMMUNITY DENTAL HEALTH PROGRAM AT MORTON PLANT NORTH BAY HOSPITAL ($13,400) THROUGH THE FINANCIAL SCREENING PROCESS CONDUCTED BY THE HOSPITAL'S COMMUNITY DENTAL HEALT H PROGRAM, OUR PATIENTS AND PASCO COUNTY RESIDENTS WITH LOW INCOME COULD QUALIFY TO RECEIV E FINANCIAL ASSISTANCE TO OFFSET THE COST OF PREVENTIVE DENTAL CARE (CLEANINGS, X-RAYS, ET C) IN ADDITION, PREVENTIVE CARE WILL DRASTICALLY REDUCE REPEAT ER VISITS AND IMPENDING H EALTH PROBLEMS DUE TO LACK OF DENTAL CARE COMMUNITY BASED RETROSPECTIVE STUDY OF BREAST C ANCER ($3,500) GRANT FUNDING PROVIDED A STUDY TO COMPARE THE 70-GENE SIGNATURE WITH THE CO MMON CLINICAL-PATHOLOGICAL CRITERIA IN SELECTING PATIENTS FOR NEO OR ADJUVANT CHEMOTHERAPY IN BREAST CANCER WITH 0-3 POSITIVE NODES IT IS EXPECTED THE STUDY WILL CONFIRM PATIENTS CAN BE SAFELY SPARED ADJUVANT CHEMOTHERAPY AND THAT THE RESULTS OF THIS RETROSPECTIVE MAY IMPACT THE FUTURE TREATMENT OF BREAST CANCER PATIENTS ADULT COMFORT CARTS FOR END-OF-LIFE PATIENTS ($2,500) THE ONCOLOGY UNIT AT MEASE COUNTRYSIDE HOSPITAL RECEIVES PATIENTS IN T HE LAST MOMENTS OF THEIR LIFE HELPING FAMILIES WORK THROUGH THIS MOST DIFFICULT TIME CAN BE CHALLENGING A COMFORT CART OFFERS A PERSONALIZED WAY TO SHARE THE REMAINING TIME TOGET HER BESIDES EDUCATIONAL MATERIALS AND RESOURCES, SMALL MEMENTOES CAN BE COMFORTING WHEN F AMILY HAS TO LEAVE THEIR LOVED ONE BEHIND CAR SEATS AND EDUCATIONAL CLASSES AT TURLEY FAM ILY HEALTH CENTER ($1,200) CHILDREN'S ADVOCACY AT MORTON PLANT MEASE HAS PARTNERED WITH TH E TURLEY FAMILY HEALTH CENTER

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Return Reference	Explanation
FORM 990, PART III, LINE 2	TO PROVIDE CAR SEAT CLASSES WITH CAR SEATS FOR IDENTIFIED FAMILIES NOT ONLY DO THEY RECEI VE A CAR SEAT, BUT THEY LEARN HOW TO PROPERLY INSTALL THE CAR SEAT FROM A CERTIFIED CAR SE AT INSTRUCTOR

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Return Reference	Explanation
FORM 990, PART III, LINE 3	DISCONTINUED GRANTS FOR 2016 CARING PAWS PROGRAM CARING PAWS HAS BEEN CREDITED WITH DOING AS MUCH FOR PATIENTS AND THEIR LOVED ONES AS ANY MEDICATION THE FRIENDLY FOUR-LEGGED VIS ITORS HELP EASE THE STRESS OF PEOPLE IN WAITING ROOMS AND HELP PATIENTS BETTER COPE WITH T HEIR MEDICAL ISSUES CARING PAWS PROGRAM RECEPTION THE HOSPITALS OF MORTON PLANT MEASE HAV E SPECIAL AMBASSADORS THESE AMBASSADORS ARE PART OF OUR CARING PAWS PROGRAM WHICH INCLUDE S SOME VERY FURRY FRIENDS AND THEIR OWNERS THE VOLUNTEERS AND THEIR DOGS VISIT PATIENTS A ND 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 TREA TMENT EXPERIENCE TO HONOR THE CARING PAWS DOGS, GERDA AND RAYMOND MASSIEU PRESENTED MORGA N HEART WITH A GIFT OF A CARING PAWS RECOGNITION WALL CONGESTIVE HEART FAILURE CLINIC HEA RT FAILURE IS OUR #1 DIAGNOSED DISCHARGE AND MORTALITY RATES ARE NEARLY 50% WITHIN FIVE YE ARS CLINIC FOCUSES ON PREVENTING READMISSIONS AND PROVIDING THE RESOURCES FOR UNFUNDED PA TIENTS TO HAVE ACCESS TO NEEDED MEDICATIONS, HOMECARE AND EDUCATION ELEANOR THOMPSON NURS ING SCHOOL NURSING ASSISTANTS ARE A VITAL MEMBER OF THE PATIENT CARE DELIVERY TEAM THEY P ROVIDE DIRECT PATIENT CARE AND SPEND THE MAJORITY OF TIME IN DIRECT CONTACT WITH THE PATIE NT AND FAMILY WITH THE CURRENT ECONOMIC SITUATION, THERE IS NO LONGER A QUALITY NURSING A SSISTANT SCHOOL IN OUR SERVICE AREA THIS PROGRAM HELPS TEACH OUR OWN NURSING ASSISTANTS A ND PREPARE THEM FOR THE DR GEORGE MORRIS EARN AS YOU LEARN RN PROGRAM EXCELLENCE IN SPIR ITUALITY CLINICAL PASTORAL EDUCATION IS THE LEADING INTERNATIONAL CLINICAL TRAINING PROGRA M FOR CLERGY BASED ON THE ACTION/REFLECTION MODEL OF LEARNING, THE PROGRAM PROVIDES INTER FAITH, PROFESSIONAL EDUCATION FOR MINISTRY LAST YEAR AT MORTON PLANT MEASE, FIVE FULL-TIM E 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 INC EPTION, NEARLY 30,000 CARDS AND GRIEF EDUCATION PIECES HAVE BEEN DISTRIBUTED THROUGHOUT TH E COMMUNITY FAITH COMMUNITY NURSING RN COORDINATOR PROVIDES PARTNERSHIP FAITH COMMUNITIES AND VOLUNTEER NURSES WITH EDUCATION, TRAINING AND MATERIALS TO PROMOTE HEALTH AND WELLNES S IN THE COMMUNITIES WE SERVE AS PART OF THE FCN PROGRAM INTEGRATION WITH OUR HOSPITALS O UR RN COORDINATORS WORK IN CREATIVE, INNOVATIVE WAYS TO PROMOTE MPM, RECRUIT NEW FAITH PAR TNERS AND TO MAINTAIN A ROBUST GROUP OF OVER 100 VOLUNTEER NURSES IN THE COMMUNITY MEDICA L ETHICS PROGRAM ENHANCEMENT OVER THE PAST SEVERAL YEARS, MORTON PLANT MEASE HAS DEVELOPED AN ACTIVE CLINICAL ETHICS PROGRAM WE HAVE AN INTERDISCIPLINARY COMMITTEE THAT INCLUDES P HYSICIANS, RNS, CHAPLAINS, SOCIAL WORKERS, RESPIRATORY CAREGIVERS AND OTHERS THE CLINICAL ETHICS COMMITTEE SORTS THROUG

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Return Reference	Explanation
FORM 990, PART III, LINE 3	H VALUES, IDENTIFIES PROBLEMS, ANALYZES CONCERNS AND ASSISTS WITH RESOLUTION OF THOSE PROB LEMS PATHWAYS BEHAVIORAL HEALTH PROGRAM PATHWAYS PROVIDES COACHING AND NAVIGATION TO THO SE 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 ADDICTIO N - CONNECTING THEM WITH URGENT AND ROUTINE CLINICAL RESOURCES IN TAMPA BAY AND BEYOND TH E PATHWAYS PROGRAM IS PROVIDED BY A TEAM OF HIGHLY SKILLED MENTAL HEALTH CLINICIANS OFFERI NG PERSONALIZED COACHING AND NAVIGATION, WITH ASSISTANCE AVAILABLE 24 HOURS A DAY, SEVEN D AYS A WEEK PETER LLOYD PERINATAL LOSS PROGRAM MORTON PLANT AND MEASE COUNTRYSIDE HOSPITAL S 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, PREMATUR NITY, POOR FETAL OUTCOMES, STILLBIRTHS, OR NEONATAL DEATH CURRENTLY THIS PROGRAM PROVIDES COUNSELING TO PATIENTS AND THEIR FAMILIES THE PROGRAM ALSO ENCOURAGES FAMILIES THROUGH T HE PROCESS AND HELPS THEM MAKE ARRANGEMENTS FOR THE BABY'S REMAINS COUNSELING AND FOLLOW- UP IS PROVIDED FOR A YEAR IF THE FAMILY DESIRES POWELL CHILD CARE AND LEARNING CENTER ENR ICHMENT PROGRAM MARYANN & BERNARD F POWELL CHILDCARE & LEARNING CENTER PROVIDES CHILDREN A CHANCE TO BE INDEPENDENT AS WELL AS SELF-SUFFICIENT WITH EARLY SOCIAL CONTACTS THEY OFF ER LEARNING PROGRAMS AND A SENSE OF BELONGING WHILE CONTINUOUSLY MEETING THE NEEDS OF CHIL DREN AT THEIR STAGES OF DEVELOPMENT FUNDS FROM THIS GRANT HELP WITH THEIR ENRICHMENT PROG RAMS, INCLUDING YOGA, GYMNASTICS, MUSIC AND SPANISH CLASSES

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

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

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

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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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

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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 ALL BOARD MEETINGS, THE CHAIRPERSON WILL ASK IF THERE ARE ANY CONFLICTS OF INTEREST

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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

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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 AND EXTERNAL WEBSITES SUCH AS GUIDE STAR AND CHARITY NAVIGATOR

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Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN SPLIT INTEREST AGREEMENTS 1,070,933 UNCOLLECTIBLE PLEDGES -69,884

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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

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Return Reference	Explanation
FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	MORTON PLANT MEASE HEALTH CARE FOUNDATION, INC PROVIDES PHILANTHROPIC SUPPORT TO THE NOT-FOR-PROFIT HOSPITALS OF MORTON PLANT MEASE HEALTH CARE, INCLUDING MORTON PLANT (CLEARWATER), MEASE DUNEDIN, (DUNEDIN), MEASE COUNTRYSIDE, (SAFETY HARBOR) AND MORTON PLANT NORTH BAY, (NEW PORT RICHEY) OVER THE PAST DECADE, MORTON PLANT MEASE FOUNDATION HAS GRANTED NEARLY $70 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 2016 THE FOUNDATION GRANTED $7 1 MILLION IN CASH FOR 36 PROGRAM GRANTS AND 12 CAPITAL GRANTS TO OUR HOSPITALS FOR THE FOLLOWING PROJECTS

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Return Reference	Explanation
FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	EXPANDED DESCRIPTION OF GRANTS FROM 4A (ENHANCING CLINICAL CARE) FAMILY MEDICINE RESIDENC Y PROGRAM ($525,000) THE FAMILY MEDICINE RESIDENCY PROGRAM PROVIDES PHYSICIAN EDUCATION AN D CLINICAL TRAINING FOR 24 RESIDENTS OF THE USF MORSANI COLLEGE OF MEDICINE ADDITIONALLY, THE RESIDENCY, IN CONJUNCTION WITH OPERATIONS OF THE TURLEY FAMILY HEALTH CENTER, WILL SU PPORT 42,000 PATIENT VISITS PER YEAR, AS WELL AS LABORATORY, IMAGING AND SOCIAL SERVICES GRANT DOLLARS FUND CLINIC OPERATIONS, PHYSICIAN STAFFING, RESIDENCY ADMINISTRATION AND FAC ILITY EXPENSE DR GEORGE MORRIS EARN AS YOU LEARN NURSING PROGRAMS ($200,637) RESEARCH CO NTINUES TO PROJECT THAT THE NATIONAL NURSING SHORTAGE IS PROJECTED TO CONTINUE GROWING, ES PECIALLY IN THE SOUTH AND WEST THIS SHORTAGE WILL IMPACT FLORIDA DRAMATICALLY THE DR GE ORGE MORRIS EARN AS YOU LEARN PROGRAM WAS ESTABLISHED TO ATTRACT AND RETAIN QUALITY NURSES AT THE HOSPITALS OF MORTON PLANT MEASE THIS INNOVATIVE PROGRAM PROVIDES A SCHOLARSHIP FO R NURSING STUDENTS TO RELIEVE PRESSURES CREATED BY THE NEED TO WORK FULL-TIME, GO TO SCHOO L, AND PROVIDE FOR THEIR FAMILIES MANY ARE SINGLE PARENTS WHOSE LIFE SITUATIONS PRECLUDE THEM FROM FULFILLING THEIR DREAM OF BECOMING A NURSE ADVANCE REGISTERED NURSE RESIDENCY P ROGRAM ($103,532) IN ORDER TO MEET THE NEEDS OF OUR COMMUNITY, A NON-PHYSICIAN PROVIDER IN TAKE MODEL FOR PRIMARY CARE WAS NEEDED TO ENSURE THAT PATIENTS HAVE ACCESS TO QUALITY, SAF E CARE IN A TIMELY MANNER THE AIM OF THE ADVANCE REGISTERED NURSE PRACTITIONER (ARNP) RES IDENCY PROGRAM IS TO PREPARE THE MPM NOVICE NURSE PRACTITIONER FOR PRACTICE WITH THE SUPPO RT AND PRECEPTORSHIP OF PRIMARY CARE PHYSICIANS GRANT DOLLARS FUND SALARY AND BENEFITS FO R ONE ARNP POSITION FAMILY CARE FUND ($102,957) WHEN UNEXPECTED EMERGENCIES AND EVENTS OC CUR IN OUR LIVES, MEETING OUR EVERYDAY NEEDS AND RESPONSIBILITIES CAN BECOME DIFFICULT AS SISTANCE TO TEAM MEMBERS FACING THESE UNANTICIPATED AND UNUSUAL SITUATIONS IS AVAILABLE TH ROUGH THE FAMILY CARE FUND LAST YEAR, THE FUND APPROVED 180 REQUESTS FOR ASSISTANCE AND P ROVIDED OVER $100,000 FOR TEAM MEMBERS WHO HAD NOWHERE ELSE TO TURN GRADUATE NURSE RESIDE NCY PROGRAM ($95,696) CURRENTLY, MORTON PLANT MEASE ON-BOARDS GREATER THAN 100 GRADUATE NU RSES ANNUALLY ON-BOARDING GRADUATE NURSES IMPACTS OUTCOMES BECAUSE OF THE QUICK TRANSITIO N 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 GRANT DOLLARS FUND SALARY AND BENEFITS FOR ONE GRADUA TE NURSE RESIDENCY POSITION, AS WELL AS THEIR NEEDED SUPPLIES AL EADDY FAMILY MEDICINE RE SEARCH CENTER ($50,000) THIS IS A PERMANENT GRANT FOR A RESEARCH CENTER ESTABLISHED IN LAT E 2011 TO PROMOTE RESEARCH BASED EDUCATION AND STRUCTURED CLINICAL STUDIES FOR THE FAMILY MEDICINE FACULTY AND RESIDENTS SCHOLARLY ACCOMPLISHMENTS PROVIDED THROUGH THIS FUNDING DI STINGUISH OUR FACULTY AND RESI

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Return Reference	Explanation
FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	DENTS REGIONALLY AND NATIONALLY, AS WELL AS ENHANCING THE QUALITY AND SCOPE OF PATIENT CAR E IN OUR COMMUNITY GRANT DOLLARS OFFSET PHYSICIAN SALARIES, DATA MANAGEMENT SUPPORT AND E DUCATION SUPPLIES WOW! AWARDS ($50,000) CELEBRATED DURING NATIONAL NURSES WEEK AND HOSPIT AL WEEK IN MAY, THE WOW! NURSING AND TEAM MEMBER EXCELLENCE AWARDS HONORS OUR MOST COMPASS IONATE AND CARING NURSES AND TEAM MEMBERS WHO EXEMPLIFY OUTSTANDING CUSTOMER SERVICE, TEAM WORK AND COMMITMENT TO EXCELLENCE WOW! WINNERS ARE NOMINATED BY FELLOW TEAM MEMBERS AND W INNERS 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 KATHERINE T SMITH SCHOLARSHIP ($36,000) THE HOSPITALS OF MPM PROVIDE SCHOLARSHIPS FOR REGISTERED NURSES WHO ARE PURSUING A BACHEL ORS OR MASTER'S DEGREE IN NURSING MORTON PLANT MEASE NEEDS BACCALAUREATE AND MASTERS PREP ARED NURSES TO SERVE AS CLINICAL EXPERTS FOR STAFF AND TO DIRECT CARE ALL GRANT DOLLARS G O TO FUNDING SCHOLARSHIPS VOLUNTEER NURSE PROGRAM ($31,791) PROVIDES A PATHWAY FOR RETIRE D 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 POSIT IVE HOSPITAL EXPERIENCES FOR PATIENTS AND FAMILIES THEY CONTRIBUTE TO PATIENT SATISFACTIO N BY ASSISTING WITH MEALS, HYGIENE, PROCEDURES, COMFORT, DIVERSIONS, AND PATIENT EDUCATION GRANT DOLLARS FUND THE SALARY AND BENEFITS OF THE PART-TIME VOLUNTEER NURSE COORDINATOR, AS WELL AS SUPPLIES AND EDUCATIONAL MATERIALS MPM/ PINELLAS TECHNICAL COLLEGE NURSING AS SISTANT PROGRAM ($27,936) NURSING ASSISTANTS (NA) ARE A VITAL MEMBER OF THE PATIENT CARE D ELIVERY TEAM THEY PROVIDE DIRECT PATIENT CARE AND SPEND THE MAJORITY OF TIME IN DIRECT CO NTACT WITH THE PATIENT AND FAMILY THIS PROGRAM ASSISTS IN FILLING VACANCIES THAT ARE LEFT AFTER OUR CURRENT PCTS GRADUATE FROM NURSING SCHOOL WITH THIS PARTNERSHIP, WE ARE ABLE T O TAP INTO ADDITIONAL TEACHING RESOURCES TO FILL OUR NA AND PCT VACANCIES MPM IS ALLOWED TO CHOOSE THE STUDENT/TEAM MEMBER, HELP DEVELOP COURSE CONTENT AND HAVE THE STUDENTS PERFO RM THEIR CLINICALS IN OUR HOSPITALS GRANT DOLLARS FUND 12 STUDENT SCHOLARSHIPS, AS WELL A S HELPING WITH BOOKS AND TUITION LOIS ODENCE PLANTERS ENDOWMENT ($22,000) NURSING STUDENT S HAVE FINANCIAL NEEDS IN EXCESS OF THOSE PROVIDED BY TUITION ASSISTANCE THE LOIS ODENCE ENDOWMENT FUND WAS ESTABLISHED IN 2001 IN MEMORY OF LOIS ODENCE, WHO FOUNDED PLANTERS IN T HE EARLY 1990'S THE PRIMARY PURPOSE OF THIS SCHOLARSHIP IS TO PROVIDE SUPPLEMENTAL FINANC IAL SUPPORT TO MORTON PLANT MEASE NURSING STUDENTS WHO CAN SHOW DOCUMENTED FINANCIAL NEED TO HELP PAY FOR ADDITIONAL EXPENSES SUCH AS CHILD CARE, TRANSPORTATION, ETC PHYSICAL THER APIST EARN AS YOU LEARN ASSISTANT ($15,500) THIS PROGRAM FUNDS SCHOLASTIC AND PRACTICAL ED UCATION IN THE PHYSICAL THERAP

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FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	Y FIELD A PHYSICAL THERAPIST ASSISTANT IS A LICENSED PROFESSIONAL WITH AN ASSOCIATE OF SC IENCE DEGREE THE PTA EARN AS YOU LEARN PROGRAM ALLOWS THE PARTICIPANT TO ATTEND COLLEGE A ND WORK PART-TIME AS A REHAB TECH TO OBTAIN TOTAL EARNINGS UP TO 40 HOURS PER WEEK DURING THE 2 YEAR PROGRAM UPON GRADUATION, THE PARTICIPANT AGREES TO WORK AS A LICENSED PTA WITH IN OUR ORGANIZATION FOR TWO YEARS GRANT DOLLARS FUND SCHOLARSHIPS FOR TWO STUDENTS CHRIS TENSEN FAMILY FOUNDATION SCHOLARSHIP ($10,000) THE DALE AND CAROLE CHRISTENSEN NURSING SCH OLARSHIP WAS ESTABLISHED BY THE CHRISTENSEN FAMILY FOUNDATION AS A WAY TO HONOR DALE WHO P ASSED AWAY FROM PROSTATE CANCER AT MEASE DUNEDIN HOSPITAL THE FAMILY WAS GRATEFUL FOR THE EXCEPTIONAL CARE THAT DALE RECEIVED CAROLE WAS A NURSE FOR OVER 40 YEARS AS A WAY TO GI VE BACK, THE FAMILY ESTABLISHED THIS SCHOLARSHIP TO ASSIST TEAM MEMBERS WHO ARE PURSUING A NURSING CAREER OR ARE CURRENTLY STRIVING TO ADVANCE THEIR PROFESSIONAL EDUCATION ALL GRA NT DOLLARS GO TO FUNDING SCHOLARSHIPS DR BERNARD MACIK, JR SYMPOSIUM ($8,000) THE DR B ERNARD MACIK, JR SYMPOSIUM SPRUNG FROM A DESIRE TO RECOGNIZE AND CARRY FORWARD THE WORK A ND PASSION OF THE LATE DR BERNARD MACIK, A RETIRED MEASE HOSPITAL PHYSICIAN AND VP OF MED ICAL AFFAIRS, BY OFFERING AN ANNUAL EDUCATION SYMPOSIUM THAT WOULD FOCUS ON COMMUNICATION AND COLLABORATION BETWEEN PHYSICIANS, NURSES AND ADMINISTRATORS JOAN CLOW SEMINAR FUND ($ 7,200) THE JOAN CLOW SEMINAR FUND PAYS FOR OUR NURSES TO ATTEND A NATIONAL CONFERENCE IN T HEIR AREA OF SPECIALTY NURSES MUST GO THROUGH AN APPLICATION PROCESS AND ARE SELECTED BY THE PROFESSIONAL PRACTICE COUNCIL THE EVIDENCE-BASED KNOWLEDGE ACQUIRED AT THESE NATIONAL CONFERENCES WILL ENHANCE PATIENT CARE AND WILL BE SHARED WITH OTHER NURSES IN THE PATIENT SERVICES DIVISION EACH NURSE IS REQUIRED TO WRITE AN ARTICLE FOR NURSES'S NOTES TO SHARE THEIR EXPERIENCE AND KNOWLEDGE WITH THEIR COLLEAGUES ANNIE MILLER SCHOLARSHIP FUND ($5,0 00) OVER ANNIE MILLER'S 43 YEARS OF EXEMPLARY SERVICE AS AN RN AT MORTON PLANT HOSPITAL, S HE EARNED THE WELL-DESERVED STATUS AS A RESPECTED LEADER, MENTOR, COACH, COUNSELOR AND FRI END REFLECTING HER COMMITMENT TO BOTH NURSING AND EDUCATION, THE FOUNDATION FUNDS A GRANT TO OUR HOSPITALS THAT PROVIDE SCHOLARSHIPS TO LPN TEAM MEMBERS ENROLLED IN RN PROGRAM CO MMUNITY BASED RETROSPECTIVE STUDY OF BREAST CANCER ($3,500) GRANT FUNDING PROVIDED A STUDY TO COMPARE THE 70-GENE SIGNATURE WITH THE COMMON CLINICAL-PATHOLOGICAL CRITERIA IN SELECT ING PATIENTS FOR NEO OR ADJUVANT CHEMOTHERAPY IN BREAST CANCER WITH 0-3 POSITIVE NODES IT IS EXPECTED THE STUDY WILL CONFIRM PATIENTS CAN BE SAFELY SPARED ADJUVANT CHEMOTHERAPY AN D THAT THE RESULTS OF THIS RETROSPECTIVE MAY IMPACT THE FUTURE TREATMENT OF BREAST CANCER PATIENTS

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FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	EXPANDED DESCRIPTION OF GRANTS FROM 4B (DISEASE SPECIFIC AND COMMUNITY OUTREACH) CANCER P ATIENT SUPPORT SERVICES / CAPSS ($250,000) CAPSS WAS DEVELOPED TO ADDRESS THE PSYCHOSOCIAL , EMOTIONAL AND SPIRITUAL NEEDS OF ALL CANCER PATIENTS, THEIR FAMILIES AND FRIENDS OVER 4 ,800 CANCER PATIENTS WERE SEEN IN MPM HEATH CARE FACILITIES IN 2016, AND SERVICES ARE PROV IDED AT NO CHARGE TO ANYONE IN THE COMMUNITY, REGARDLESS OF WHERE THEY RECEIVE THEIR TREAT MENT THE MAJORITY OF OUR PATIENTS ARE DIAGNOSED WITH BREAST, COLON, PROSTATE, GYNECOLOGIC AND LUNG CANCERS GRANT DOLLARS HELP FUND THE CAPSS TEAM, WHICH INCLUDES LICENSED CLINICA L SOCIAL AND MENTAL HEALTH COUNSELORS AND A CASE MANAGER TO HELP WITH PATIENTS' CHALLENGES SUCH AS TRAUMATIC SHOCK AND FINANCIAL HARDSHIPS INDIGENT PRESCRIPTION PROGRAM ($250,000) AS A MEDICARE LICENSED HEALTH CARE SYSTEM, WE ARE REQUIRED TO PROVIDE AN APPROPRIATE, SAF E DISCHARGE FOR ALL PATIENTS IN ALL OF OUR FACILITIES, REGARDLESS OF PAYER SOURCE OR AVAIL ABLE RESOURCES EVEN WITH THE AFFORDABLE HEALTHCARE ACT, THE LACK OF AFFORDABLE AND COMPRE HENSIVE HEALTH INSURANCE REMAINS A PRIMARY BARRIER TO THE TRULY INDIGENT MEMBERS OF OUR CO MMUNITY THIS GRANT ALLOWS US TO SAFELY TRANSITION THE PATIENT INTO THE COMMUNITY GRANT D OLLARS HELP FUND WOUND VACS, PRESCRIPTION DRUGS, HOME HEALTH SERVICES, LOCAL TRANSPORTATIO N, AND MEDICAL LIFE VESTS AND EQUIPMENT PALLIATIVE CARE SERVICES ($250,000) THIS PROGRAM OFFERS A HOLISTIC APPROACH TO RELIEVING THE PAIN, SUFFERING AND STRESS FOR PATIENTS EXPERI ENCING CHRONIC ILLNESS WITH EMOTIONAL, PSYCHO-SOCIAL AND SPIRITUAL SUPPORT THE FOCUS OF T HIS 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 GRANT DOLLARS HELP FUND THREE CHAPLAINS, FOUR LICENSED COUNSELORS AND ONE PART-TIME MASSAGE THERAPIST CLEAR WATER FREE CLINIC ($225,000) THROUGH A GRANT TO OUR HOSPITALS, MORTON PLANT MEASE HELPS SU PPORT THE CLINIC'S FULL-TIME ADVANCED REGISTERED NURSE PRACTITIONER (ARNP) WHO HAS INCREAS ED THE NUMBER OF AVAILABLE ADULT AND PEDIATRIC APPOINTMENTS BY APPROXIMATELY 4,500 PER YEA R THE SUPPORT FROM MORTON PLANT MEASE HELPS THE CLINIC TO IMPROVE THE CONTINUITY OF PATIE NT CARE, SCOPE OF CLINIC SERVICES AND REDUCE THE NUMBER OF UNNECESSARY AND COSTLY EMERGENC Y ROOM AND HOSPITALIZATIONS TO MORTON PLANT HOSPITAL HOMELESS EMPOWERMENT PROGRAM ($212,0 94) HOMELESS PEOPLE HAVE POORER PHYSICAL HEALTH AND BEHAVIORAL HEALTH THAN THE GENERAL PUB LIC AND HAVE PROBLEMS OBTAINING SUITABLE CARE FOR OVER TEN YEARS, MORTON PLANT HOSPITAL H AS PROVIDED A MEDICAL OVERLAY TEAM FOR CLEARWATER'S HOMELESS EMPOWERMENT PROGRAM (HEP) TH ROUGH A GRANT TO THE HOSPITALS OF MORTON PLANT MEASE, THE HEALTH SYSTEM SUPPORTS TWO LICEN SED PRACTICAL NURSES AND ONE A

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FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	DVANCED REGISTERED NURSE PRACTITIONER THAT PROVIDE ASSESSMENT, CRISIS INTERVENTION, CASE M ANAGEMENT AND TREATMENT TO THIS HIGH RISK POPULATION COMPREHENSIVE BREAST HEALTH PROGRAM ($105,000) MORE THAN 17% OF PINELLAS COUNTY RESIDENTS ARE WITHOUT INSURANCE AND THE FINANC IAL RESOURCES TO OBTAIN BREAST HEALTH SERVICES OUR HOSPITALS ARE COLLABORATING WITH THE M AMMOGRAPHY VOUCHER PROGRAM (MVP) TO PROVIDE 500 UNINSURED AND LOW-INCOME WOMEN WITH MAMMOG RAMS AND DIAGNOSTIC PROCEDURES WITHIN OUR HEALTH SYSTEM TO ENSURE THAT ANYONE DIAGNOSED WI TH BREAST CANCER IS PROVIDED ACCESS TO TREATMENT THIS GRANT ALLOWS FOR A FULL-TIME BREAST NURSE NAVIGATOR, WHO PROVIDES EMOTIONAL SUPPORT FOR THE PATIENT AND FAMILY, COMMUNITY RES OURCE INFORMATION AND HELPS INTERFACE WITH TREATMENT PROVIDERS FOR SUCCESSFUL OUTCOMES LA CLINICA GUADALUPANA ($60,000) THROUGH A GRANT TO OUR HOSPITALS, MORTON PLANT MEASE HELPS SUPPORT LA CLINICA'S VOLUNTEER PHYSICIANS, NURSES, DIETICIANS, AND ONE PAID STAFF MEMBER T O MEET THE NON-EMERGENT NEEDS OF THE UNINSURED HISPANIC MEMBERS OF OUR COMMUNITY PARTNERIN G WITH THE CATHOLIC DIOCESES MPM'S FINANCIAL SUPPORT ALSO HELPS THE CLINIC TO REDUCE NON- EMERGENT VISITS TO MORTON PLANT'S ER POWER PROGRAM ($52,000) THIS SPECIALLY DESIGNED PROG RAM FOR OUR BREAST CANCER PATIENTS EMPOWERS THEM WITH KNOWLEDGE, EMOTIONAL SUPPORT AND WHO LE-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 SUPP ORT INTO ONE'S LIFESTYLE SURVIVORS ENGAGED IN AN EXERCISE PROGRAM HAVE A 40% LESS CHANCE OF RE-OCCURRENCE THAN THOSE WHO DO NOT ENGAGE IN A PROGRAM GRANT DOLLARS HELP FUND WELLNE SS CENTER MEMBERSHIP FEES, PERSONAL TRAINING SESSIONS, YOGA CLASSES AND ADMINISTRATIVE HOU RS GOOD SAMARITANS HEALTH CLINIC OF PASCO - NURSE PRACTITIONER ($50,000) THROUGH A GRANT TO THE HOSPITALS OF MORTON PLANT MEASE, MORTON PLANT NORTH BAY HOSPITAL PROVIDES A NURSE P RACTITIONER 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 M EDICAL CARE FOR AN ADDITIONAL 2,100 LOW INCOME PATIENTS IN PASCO COUNTY PROSTATE CANCER P ROGRAM ($50,000) PROSTATE CANCER IS THE MOST COMMONLY DIAGNOSED MALIGNANCY IN MEN IN THE U S BLACK MEN HAVE A 60% HIGHER RATE OF BEING DIAGNOSED AND A 50% GREATER CHANCE OF DYING F ROM THIS DISEASE BETWEEN THE YEARS 2012-2014, ONLY 24% OF THE MEN DIAGNOSED AND TREATED A T MORTON PLANT HOSPITAL WERE OF AFRICAN-AMERICAN DESCENT THIS GRANT WILL PROVIDE FUNDING FOR COMMUNITY OUTREACH, DIAGNOSIS, TREATMENT AND COUNSELING SERVICES FOR UNDERSERVED/UNINS URED MEN THROUGHOUT THE MPM HEALTH SYSTEM WILLA CARSON HEALTH AND WELLNESS CENTER ($50,00 0) THROUGH A GRANT TO OUR HOSPITALS, MORTON PLANT MEASE HELPS SUPPORT THE WILLA CARSON HEA LTH AND WELLNESS CENTER PROVIDE PREVENTIVE HEALTH SERVICES, WELLNESS AND EDUCATION PROGRAM S DIRECTED TOWARD ACHIEVING HO

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FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	LISTIC 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 NEWBOR N HALO SLEEP SACKS ($46,332) THANKS TO FUNDING FROM THE FOUNDATION'S SKIP CLINE SOCIETY, A GRANT WAS PROVIDED TO EQUIP MORTON PLANT AND MEASE COUNTRYSIDE WITH THESE WEARABLE BLANKE TS THAT REPLACES LOOSE BLANKETS IN THE CRIB THAT COVER A BABY'S FACE AND INTERFERE WITH BR EATHING IN ADDITION TO SLEEPING SAFER, IT'S A BLANKET THEY CAN'T KICK OFF, ENSURING A BAB Y SLEEPS SOUNDLY THROUGHOUT THE NIGHT CAMP LIVING SPRINGS CANCER SURVIVOR RETREAT ($42,7 60) CAMP LIVING SPRINGS PROMOTES CAMARADERIE, RELAXATION AND SHARED EXPERIENCES WHILE NURT URING THE SPIRIT OF THOSE TOUCHED BY CANCER THIS ONE-OF-A-KIND, THREE-DAY CAMPING EXPERIE NCE FOR ADULT CANCER SURVIVORS IS OFFERED AT NO COST TO 90 PARTICIPANTS EACH YEAR AND STAF FED WITH VOLUNTEERS, NURSES, AND COUNSELORS WHO WILLINGLY DONATE THEIR TIME MADONNA PTAK CENTER FOR ALZHEIMER'S RESEARCH AND MEMORY DISORDERS ($40,000) THE MADONNA PTAK CENTER FOR ALZHEIMER'S AND MEMORY LOSS IS DEDICATED TO QUALITY OF LIFE ISSUES FOR FAMILIES LIVING WI TH 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 CLIN ICAL RESEARCH TRIALS AS APPROPRIATE AND CONTINUE TO OFFER ACCESS TO THOSE WHO CANNOT AFFOR D CARE GRANT DOLLARS FUND DRIVEABLE, RESPITE CARE, MEMORY FIT TRAINING, TRANSPORTATION AS SISTANCE, MEDICATION ASSISTANCE, WANDERING PREVENTION ASSISTANCE, EDUCATION MATERIALS, AND THE MEDICAL DIRECTOR BOBBIE MARKS INDIGENT OVARIAN CANCER PROGRAM ($25,000) OVARIAN CANC ER ACCOUNTS FOR ABOUT 3% OF CANCERS AMONG WOMEN, BUT CAUSES MORE DEATHS THAN ANY OTHER CAN CER OF THE FEMALE REPRODUCTIVE SYSTEM MANY OVARIAN CANCER PATIENTS ARE UNINSURED OR UNDER INSURED THIS GRANT ALLOWS US TO CONTINUE TO SUPPORT THESE WOMEN THROUGH THE DURATION OF T HEIR DIAGNOSIS IN THE HOSPITAL AND POST-DISCHARGE FUNDS ARE USED TO OFFSET COSTS OF PROVI DING UNFUNDED CARE AND UTILIZING THE CANCER PATIENT SUPPORT SERVICES (CAPSS) TEAM, WHO PRO VIDE NAVIGATION AND COUNSELING SERVICES FOR OVARIAN CANCER PATIENTS GLADYS DOUGLAS FOREVE R FIT ($24,000) THE FOREVER FIT PROGRAM IS A SUPERVISED, PERSONALIZED EXERCISE PROGRAM FOR INDIVIDUALS WHO NEED A FITNESS PROGRAM BASED ON CARDIOVASCULAR, STRENGTH, BALANCE AND AGI LITY IMPROVEMENT, AS WELL AS FALL PREVENTION THE PROGRAM IS DESIGNED TO HELP THE PARTICIP ANT BEGIN OR CONTINUE A FITNESS PROGRAM AND GIVE THEM THE TOOLS AND SKILLS TO TRANSITION I NTO EXERCISING INDEPENDENTLY THIS PROGRAM ALLOWS INDIVIDUALS TO CONTINUE A MONITORED EXER CISE PROGRAM THAT IS NOT COVERED BY INSURANCE

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FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	EXPANDED DESCRIPTION OF GRANTS FROM 4C (CAPITAL GRANTS) CAPITAL GRANTS MORTON PLANT MEASE HEALTH CARE FOUNDATION PROVIDES THE HOSPITALS OF MORTON PLANT MEASE WITH A VARIETY OF CAP ITAL FUNDS TO SUPPORT INNOVATIVE MEDICAL TECHNOLOGIES AND FACILITY UPGRADES IN 2016, THES E CAPITAL FUNDS PURCHASED THE FOLLOWING DOYLE TOWER AT MORTON PLANT HOSPITAL ($3,000,000) OPENING IN MID-2017, THE NEW FOUR-STORY DOYLE TOWER IS THE CENTERPIECE OF A TRANSFORMATIO N TO HELP MORTON PLANT HOSPITAL MEET THE COMMUNITY'S HEALTH CARE NEEDS FOR THE FUTURE THE NEW TOWER, LOCATED ON THE EAST SIDE OF THE MAIN HOSPITAL, WILL FEATURE PRIVATE ROOMS, AN ADDITIONAL MAIN ENTRANCE TO THE HOSPITAL AND NEW SURGICAL, WOMEN'S AND ORTHOPEDIC PLATFORM S THE TOWER WILL ALSO PROVIDE IMRI TECHNOLOGY FOR OUR NEUROSURGEONS, THANKS TO BENEFACTOR S KATE TIEDEMANN AND ELLEN COTTON GRANT DOLLARS HELPED OFFSET THE COST OF FUNDING STATE-O F-THE-ART EQUIPMENT IN THE DOYLE TOWER THE NEW TOWER IS NAMED IN HONOR OF FOUNDATION BENE FACTOR ROZ DOYLE FOR HER SUPPORT OF THE HOSPITAL'S COMMITMENT TO IMPROVING THE HEALTH OF T HE COMMUNITY MORGAN HEART HOSPITAL CARDIOVASCULAR OR INTEGRATION ($376,304) GRANT HELPED UPGRADE MORGAN HEART'S OPERATING ROOMS WITH STATE-OF-THE ART HD INTRA-OPERATIVE VIDEO AND MONITORING EQUIPMENT THAT ALLOWS OUR SURGEONS TO PERFORM MINIMALLY INVASIVE PROCEDURES PA TIENTS WOULD BENEFIT FROM THE SURGEON'S ABILITY TO HAVE CLEAR CONCISE INTRA?OPERATIVE DIGI TAL PHOTOGRAPHY USED DURING THE SURGERY AND FOR POSTOPERATIVE DISCUSSIONS PERFORMANCE OF MINIMALLY INVASIVE PROCEDURES CONTRIBUTES TO LOWER INFECTION RATES AND QUICKER RECOVERY TI MES FOR THE PATIENT CARDIAC AND PULMONARY REHAB AT MORTON PLANT NORTH BAY HOSPITAL ($297, 763) CARDIOPULMONARY REHABILITATION IS A MEDICALLY SUPERVISED EXERCISE AND EDUCATION PROGR AM OF CARE FOR PATIENTS WHO ARE RECOVERING FROM A HEART EVENT OR PROCEDURE OR WHO HAVE CHR ONIC RESPIRATORY PROBLEMS BY PROVIDING BOTH CARDIAC AND PULMONARY REHAB TOGETHER AT MORTO N PLANT NORTH BAY HOSPITAL, PATIENTS WITH CARDIAC AND PULMONARY DISEASE WILL BE ABLE TO BE TTER MANAGE THEIR HEALTH THROUGH REHAB VISITS, EDUCATION AND ONGOING SUPPORT - IMPROVING P ATIENT OUTCOMES, REDUCING READMISSIONS AND POTENTIALLY PREVENTING SERIOUS HEALTH CONDITION S GRANT DOLLARS FUNDED THE BUILD OUT FOR THE NEW SPACE IN THE HOSPITAL'S MEDICAL ARTS BUI LDING, AS WELL AS FUNDING ALL THEIR EXERCISE EQUIPMENT AND FURNITURE MORTON PLANT HOSPITA L ENDOSCOPY-NVISION VLE ($128,000) THE NVISION VLE EQUIPMENT IS USED IN THE DIAGNOSIS OF E SOPHAGEAL CANCER MORTON PLANT HOSPITAL BECAME THE ONLY HOSPITAL IN PINELLAS COUNTY TO OFF ER THIS DIAGNOSTIC TEST THIS NEW LASER TECHNOLOGY WILL ALLOW THE ENDOSCOPIST TO QUICKLY A ND WITH INCREASED ACCURACY, DIAGNOSE AND BEGIN TREATMENT OF AREAS OF DYSPLASIA (ALTERED CE LLS) THIS DIAGNOSTIC PROCEDURE UTILIZES NEAR?INFRARED LASER LIGHT INSTEAD OF SOUND WAVES, THEREFORE, INVISIONING AREAS OF DYSPLASIA AT MUCH DEEPER LEVELS THAN WAS POSSIBLE WITH PR EVIOUS TECHNOLOGY 3D TOMOSYNT

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FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	HESIS BREAST BIOPSY GUIDANCE SYSTEM ($91,000) THE 3D BIOPSY GUIDANCE SYSTEM PROVIDES AN UN OBSTRUCTED VIEW OF LESIONS, ALLOWING RADIOLOGISTS TO SEE THEM CLEARLY AND QUICKLY THIS PR OVIDES A MORE ACCURATE RESULT AND MAY POTENTIALLY PREVENT THE PATIENT FROM HAVING TO GO TO THE OR FOR A SURGICAL BIOPSY AS A COMPLEMENT TO OUR EXISTING HOLOGIC 3D TOMOSYNTHESIS MA MMOGRAPHY UNIT, THIS GRANT HELPED IMPLEMENT AN UPRIGHT HOLOGIC TOMOSYNTHESIS BREAST BIOPSY GUIDANCE SYSTEM AT MEASE COUNTRYSIDE HOSPITAL'S SUSAN CHEEK NEEDLER BREAST CENTER WORKIN G IN TANDEM WITH THE 3D MAMMOGRAPHY EXAM, OUR RADIOLOGISTS ARE NOW ABLE TO SCROLL THROUGH 3D MAMMOGRAPHY DATA, SELECT A SLICE AND TARGET AREAS THAT MAY BE DIFFICULT TO VISUALIZE IN OTHER MODALITIES VOLUNTEER RESOURCES CARELIFT AND CARERIDE REPLACEMENTS ($82,592) THROU GH 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 APPOINT MENTS 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 BIONESS NEURO REHAB TREATMENT ($21,741) THE BIONESS H200 IS A FUNCTIO NAL ELECTRICAL STIMULATION (FES) TECHNOLOGY USED TO HELP REHAB THERAPY PATIENTS REGAIN ARM AND HAND FUNCTION FOLLOWING A NEUROLOGICAL INJURY (STROKE, BRIAN INJURY, MULTIPLE SCLEROS IS OR SPINAL CORD INJURY) IT IS THE MOST ADVANCED FES DEVICE CONSISTING OF A CUSTOM FIT O RTHOSIS THAT UTILIZES SURFACE ELECTRODES TO SEQUENTIALLY ACTIVATE MUSCLE GROUPS IN THE UPP ER LIMB TO PRODUCE FUNCTIONAL MOVEMENT PATTERNS IN THE HAND THERAPISTS AT THE PTAK AND BA RDMOOR OUTPATIENT CLINICS WILL HAVE ACCESS TO USE THIS EQUIPMENT TECHNOLOGY AT MEASE COUN TRYSIDE HOSPITAL'S CONNOR NICU ($16,000) THE DONOR ASKED MEASE COUNTRYSIDE'S NICU LEADERSH IP TO IDENTIFY A FEW ITEMS THAT THEIR DEPARTMENT NEEDED TO ENHANCE PATIENT CARE THE FOLLO WING ITEMS WERE REQUESTED TWO HANDHELD ACCUVEIN VEIN FINDERS TO HELP NURSES EASILY MAP OU T THE BABY'S VEINS AND AVOID UNNECESSARY STICKS, FOUR WATERLESS MILK WARMERS TO ENSURE EVE RY ROOM IN THE NICU IS EQUIPPED WITH THIS SPECIFIC MILK WARMER, AND ONE BLANKET WARMER TO ENHANCE BABY AND PARENT COMFORT MORTON PLANT REHAB PERGOLA ($14,351) A 9FT X 12FT NATURAL CEDAR PERGOLA WITH CONCRETE COLOR WAS INSTALLED TO THE RIGHT OF THE MAIN ENTRANCE TO THE MADONNA PTAK MORTON PLANT REHABILITATION CENTER FOR THEIR PATIENTS IT WILL HAVE A RAIL AD DED AND A BENCH SITTING AREA FOR PATIENTS, WHO USUALLY ARE IN WHEELCHAIRS, TO SIT WITH THE IR LOVED ONES ELECTRICAL WILL BE ADDED SO LIGHTS CAN BE INSTALLED VOLUNTEER TRANSPORT SE RVICE-DISPATCH/VAN COMMUNICATION ($11,175) SECURE DATA COMMUNICATION DEVICES WILL UPGRADE THE COMMUNICATION BETWEEN OUR DISPATCH OFFICES AND VANS TO INCREASE OUR ABILITY TO RESPOND IN A TIMELY FASHION TO THE TRANSPORTATION NEEDS OF OUR PATIENTS, HOSPITALS AND PHYSICIANS THE FREE VAN TRANSPORTATION

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FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	SERVICES FOR COMMUNITY MEMBERS INCREASES ACCESS TO THE HOSPITALS' SERVICES - ENHANCING PAT IENT SATISFACTION FOR THOSE WE SERVE WHO WOULD NOT NORMALLY HAVE TRANSPORTATION FOR THEIR NEEDED CARE CHILDREN'S TERRACE DESIGN RENDERINGS AT DOYLE TOWER ($5,000) IN PLANNING FOR THE FUTURE DOYLE TOWER'S CHILDREN'S TERRACE, THE FOUNDATION PROVIDED A GRANT TO FUND THE I NITIAL DESIGN AND RENDERINGS TO BUILD-OUT THIS SPACE, WHICH MAY INCLUDE A CHILDREN'S PLAYG ROUND, COVERED CANOPY AND A SOFT SURFACE OPENING IN MID-2017, THE NEW FOUR-STORY DOYLE TO WER IS THE CENTERPIECE OF A TRANSFORMATION TO HELP MORTON PLANT HOSPITAL MEET THE COMMUNIT Y'S HEALTH CARE NEEDS FOR THE FUTURE STARLIGHT FUN CENTER FOR PEDIATRIC PATIENTS AT MEASE COUNTRYSIDE 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 OVER WHELMING NATURE OF A VISIT TO THE EMERGENCY ROOM THE FOUNDATION FUNDED ONE FOR MORTON PLA NT HOSPITAL'S ER A FEW YEARS AGO AND HAS BEEN USED FREQUENTLY

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PART III, LINE 3	CONTINUATION OF DISCONTINUED GRANTS SMILE PROGRAM 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 SPORTS CONCUSSION ASSESSMENT IMPACT PROGRAM 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 TURLEY INDIGENT DIABETIC AFTER CARE 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 VOLUNTEER APPRECIATION AND RECOGNITION 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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
MORTON PLANT MEASE HEALTH CARE FOUNDATION INC

Employer identification number
59-1751535

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation