

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
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

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

C Name of organization
MORNINGSIDE MINISTRIES
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
700 BABCOCK RD
City or town, state or province, country, and ZIP or foreign postal code
SAN ANTONIO, TX 78201

D Employer identification number
74-1388420
E Telephone number
(210) 734-1000
G Gross receipts \$ 70,735,052

F Name and address of principal officer
PATRICK L CRUMP
700 BABCOCK RD
SAN ANTONIO, TX 78201

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.MMLIVING.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1959 **M** State of legal domicile TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

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)	18
4 Number of independent voting members of the governing body (Part VI, line 1b)	18
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	1,003
6 Total number of volunteers (estimate if necessary)	150
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,269,725	822,289
9 Program service revenue (Part VIII, line 2g)	46,856,866	45,725,618
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	85,534	4,659,172
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,319,329	671,160
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	49,531,454	51,878,239
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	40,815,155	0
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)	27,556,884	26,482,147
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶267,576		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	23,016,905	27,709,277
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	91,388,944	54,191,424
19 Revenue less expenses Subtract line 18 from line 12	-41,857,490	-2,313,185

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	152,518,331	153,924,542
21 Total liabilities (Part X, line 26)	107,731,829	110,275,889
22 Net assets or fund balances Subtract line 21 from line 20	44,786,502	43,648,653

Part II Signature Block

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

Sign Here

Signature of officer
Date 2018-08-21
JORDAN LOVELADY CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name MICHAEL SIEGEL
Preparer's signature MICHAEL SIEGEL
Date
Check if self-employed PTIN P01587323
Firm's name ▶ CLIFTONLARSONALLEN LLP Firm's EIN ▶ 41-0746749
Firm's address ▶ 5001 SPRING VALLEY ROAD SUITE 600W Phone no (972) 383-5700
DALLAS, TX 75244

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

THE FAITH-BASED MISSION OF MORNINGSIDE MINISTRIES IS TO ENHANCE THE DIGNITY AND THE QUALITY OF LIFE OF OLDER ADULTS, THEIR FAMILIES AND CARE-GIVERS WITH 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 \$ 17,586,160 including grants of \$) (Revenue \$ 18,550,352)
 See Additional Data

4b (Code) (Expenses \$ 8,615,827 including grants of \$) (Revenue \$ 9,088,206)
 See Additional Data

4c (Code) (Expenses \$ 7,885,553 including grants of \$) (Revenue \$ 8,317,893)
 See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
 (Expenses \$ 9,261,394 including grants of \$) (Revenue \$ 9,769,167)

4e Total program service expenses ▶ 43,348,934

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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		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? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
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?	Yes	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	Yes	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		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	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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and 501(c)(7), (12), and (29) organizations.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (18), 1b (18), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17, 18, 19, 20.

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	822,289				
	g Noncash contributions included in lines 1a-1f \$ _____ 7,500						
	h Total. Add lines 1a-1f		822,289				
Program Service Revenue		Business Code					
	2a ROOM & BOARD	623000	38,277,306	38,277,306			
	b RESIDENT THERAPY & PHARMACY REVENUE	623000	7,009,457	7,009,457			
	c AMORTIZATION OF ENTRANCE FEES	623990	438,855	438,855			
	d _____						
	e _____						
	f All other program service revenue		45,725,618				
g Total. Add lines 2a-2f		45,725,618					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,121,754			1,121,754	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
			109,720				
		b Less rental expenses		0			
		c Rental income or (loss)		109,720			
	d Net rental income or (loss)		109,720			109,720	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			22,334,359	59,872			
		b Less cost or other basis and sales expenses		18,762,762	94,051		
		c Gain or (loss)		3,571,597	-34,179		
	d Net gain or (loss)		3,537,418			3,537,418	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
c Net income or (loss) from fundraising events							
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 TRANSPORTATION REVENUE	812900	169,355			169,355		
b MEAL REVENUE	812900	164,658			164,658		
c OTHER REVENUE	812900	141,045			141,045		
d All other revenue		86,382			86,382		
e Total. Add lines 11a-11d		561,440					
12 Total revenue. See Instructions		51,878,239	45,725,618	0	5,330,332		

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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	809,087	661,515	147,572	
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	22,391,477	18,239,830	3,920,359	231,288
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	129,831	106,151	23,680	
9 Other employee benefits	1,319,789	1,079,069	240,720	
10 Payroll taxes	1,831,963	1,497,826	334,137	
11 Fees for services (non-employees)				
a Management				
b Legal	57,995		57,995	
c Accounting	46,224		46,224	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	329,341		329,341	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,269,878	3,200,959	1,060,591	8,328
12 Advertising and promotion	463,668	13,516	450,152	
13 Office expenses	62,655	38,897	15,962	7,796
14 Information technology	296,059		286,741	9,318
15 Royalties				
16 Occupancy	2,589,494	2,509,810	79,684	
17 Travel	54,640	2,366	52,274	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	36,841	12,822	22,689	1,330
20 Interest	3,777,196	3,088,263	688,933	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,260,338	4,300,891	959,447	
23 Insurance	453,084	18,712	434,372	
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 PHARMACEUTICALS	3,000,952	3,000,952		
b SUPPLIES	2,281,742	2,151,240	130,479	23
c FOOD COSTS	2,140,690	2,140,690		
d PLANT OPERATIONS & MANA	724,208	724,208		
e All other expenses	1,864,272	561,217	1,293,562	9,493
25 Total functional expenses. Add lines 1 through 24e	54,191,424	43,348,934	10,574,914	267,576
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 <input type="checkbox"/> 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	1,917,165	1	2,957,301
	2 Savings and temporary cash investments	13,597,532	2	14,002,645
	3 Pledges and grants receivable, net		3	1,200
	4 Accounts receivable, net	3,107,760	4	3,160,688
	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	50,579
	8 Inventories for sale or use	428,511	8	382,258
	9 Prepaid expenses and deferred charges	447,825	9	597,933
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 154,400,518		
	b Less accumulated depreciation	10b 63,716,746	4,046,939	10c 90,683,772
	11 Investments—publicly traded securities		11	38,995,022
	12 Investments—other securities See Part IV, line 11		12	2,507,337
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	128,972,599	15	585,807
16 Total assets. Add lines 1 through 15 (must equal line 34)	152,518,331	16	153,924,542	
Liabilities	17 Accounts payable and accrued expenses	4,156,234	17	4,046,880
	18 Grants payable		18	
	19 Deferred revenue	27,831,699	19	31,325,562
	20 Tax-exempt bond liabilities	46,792,384	20	46,492,733
	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	28,828,312	24	28,311,120
	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	123,200	25	99,594
	26 Total liabilities. Add lines 17 through 25	107,731,829	26	110,275,889
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	27,094,862	27	24,363,356
	28 Temporarily restricted net assets	5,810,000	28	7,307,650
	29 Permanently restricted net assets	11,881,640	29	11,977,647
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	44,786,502	33	43,648,653
	34 Total liabilities and net assets/fund balances	152,518,331	34	153,924,542

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	51,878,239
2	Total expenses (must equal Part IX, column (A), line 25)	2	54,191,424
3	Revenue less expenses Subtract line 2 from line 1	3	-2,313,185
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	44,786,502
5	Net unrealized gains (losses) on investments	5	1,175,336
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	43,648,653

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>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?</p>	3a		No
<p>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</p>	3b		

Additional Data

Software ID:

Software Version:

EIN: 74-1388420

Name: MORNINGSIDE MINISTRIES

Form 990 (2017)

Form 990, Part III, Line 4a:

NURSING SERVICES - PROVIDES COMPLETE RANGE OF HEALTH SERVICES TO RESIDENTS IN NURSING BEDS AND IN ASSISTED LIVING RESIDENCES. RESIDENTS RECEIVE SKILLED AND INTERMEDIATE NURSING CARE, MEALS, DIETITIAN'S SERVICES, AND A WIDE RANGE OF RECREATIONAL ACTIVITIES. IT ALSO INCLUDES A FULL RANGE OF REHABILITATION SERVICES, INCLUDING PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY. SPECIALIZED NURSING AND THERAPEUTIC SERVICES ARE AVAILABLE FOR RESIDENTS LIVING WITH ALZHEIMER'S DISEASE OR OTHER DEMENTIA-RELATED DISEASES. DURING 2017, ABOUT 1,100 RESIDENTS WERE PROVIDED FULL-TIME NURSING CARE, INCLUDING REHABILITATION SERVICES AND MEMORY CARE. THESE SERVICES INCLUDE RESIDENTS WHOSE PAYOR SOURCES ARE PRIVATE PAY, MEDICARE, AND MEDICAID. ALSO, THESE SERVICES INCLUDE PROVIDING FINANCIAL ASSISTANCE TO RESIDENTS (CONTINUED ON SCHEDULE O) WHO MAY NOT OTHERWISE BE ABLE TO OBTAIN SERVICES OFFERED BY THE ORGANIZATION. FINANCIAL ASSISTANCE IS PROVIDED THROUGH THE COVENANT ASSISTANCE PROGRAM. COVENANT FINANCIAL ASSISTANCE IS BASED ON "NEED AND IS PROVIDED TO RESIDENTS WHO MEET THE NEED CRITERIA ESTABLISHED BY MANAGEMENT. THE ORGANIZATION PROVIDED COVENANT FINANCIAL ASSISTANCE IN THE AMOUNT OF \$655,002 DURING 2017. THE COST OF CHARITY CARE PROVIDED WAS APPROXIMATELY \$5,440,000 DURING 2017.

Form 990, Part III, Line 4b:

ENVIRONMENTAL SERVICES - INCLUDES HOUSEKEEPING AND LAUNDRY SERVICES FOR APPROXIMATELY 800 RESIDENTS ON A DAILY BASIS ALSO INCLUDES THE MAINTENANCE OF THE GROUNDS, BUILDINGS, PLANT AND EQUIPMENT CONNECTED WITH APPROXIMATELY 600,000 SQ FT OF BUILDINGS LOCATED ON THREE SEPARATE CAMPUSES ALSO INCLUDES PROVIDING MEETING PLACES FOR VARIOUS LOCAL ELDERLY AND HEALTH SERVICE GROUP'S EDUCATIONAL ACTIVITIES

Form 990, Part III, Line 4c:

ANCILLARY SERVICES - INCLUDES INTERNAL FEEDING, IV'S, LABS, RESPIRATORY, TPN, OCCUPATIONAL, SPEECH, PHYSICAL AND OTHER THERAPY SERVICES TO THE RESIDENTS AND COMMUNITY ALSO INCLUDES PROVIDING MEETING PLACES FOR VARIOUS LOCAL ELDERLY AND HEALTH SERVICE GROUP'S EDUCATIONAL ACTIVITIES

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

(Code) (Expenses \$ 1,497,480 including grants of \$) (Revenue \$ 1,579,582)

LIFE ENRICHMENT - SERVICES PERFORMED BY SOCIAL WORKERS, CHAPLAINS AND SOCIAL ACTIVITIES STAFF THIS AREA ALSO INCLUDES SERVICES SUCH AS THE BARBER AND BEAUTY SHOPS WHICH ARE PROVIDED AT A NOMINAL CHARGE FOR THE RESIDENTS SOCIAL WORKERS, TOGETHER WITH HEALTH SERVICES AND SOCIAL SERVICES STAFFS, EVALUATE THE NEEDS OF THE RESIDENTS AND THEN PLAN AND DESIGN PROGRAMS TO ENHANCE THE DAILY LIVES OF APPROXIMATELY 1,100 RESIDENTS AS WELL AS THE ELDERLY COMMUNITY AT LARGE THE PROGRAMS ARE ENHANCED BY APPROXIMATELY 10,000 HOURS CONTRIBUTED BY VOLUNTEERS FROM THE COMMUNITY

(Code) (Expenses \$ 394,452 including grants of \$) (Revenue \$ 416,079)

COMMUNITY OUTREACH - MMLEARN ORG AT MORNINGSIDE MINISTRIES IS A WEB-BASED, DISTANCE-LEARNING SERVICE PROVIDING TRAINING AND SUPPORT TO THOSE CARING FOR OLDER ADULTS THIS INCLUDES FAMILIES CARING FOR A LOVED ONE AT HOME, CHURCH MEMBERS AND COMMUNITY VOLUNTEERS MINISTERING TO OLDER FRIENDS AND NEIGHBORS, AND HEALTHCARE WORKERS EMPLOYED IN HOME CARE, NURSING HOMES, ASSISTED LIVING, AND OTHER HEALTHCARE FACILITIES MMLEARN ORG USES INTERACTIVE WEBCASTING AND WEB PRESENTATION TECHNOLOGY TO PROVIDE CAREGIVER TRAINING AND SUPPORT TRAINING PRESENTATIONS ARE RECORDED AND CAN BE VIEWED ON MMLEARN ORG 24/7 WITHOUT ANY ADDITIONAL SOFTWARE, CAREGIVERS SEE AND HEAR THE INSTRUCTOR, AS WELL AS VIEW POWERPOINT OR OTHER PRESENTATION MATERIALS USED BY THE INSTRUCTOR ATTENDEES ASK QUESTIONS OR RESPOND TO INSTRUCTOR PROMPTS USING "ASK AND "POLLING" OPTIONS CAREGIVERS CAN VIEW LIVE PRESENTATIONS IN REAL-TIME OR RECORDED VIDEOS ON-DEMAND AT ANY TIME THROUGHOUT THE YEAR THOSE VIEWING ON-DEMAND EMAIL THEIR QUESTIONS AND COMMENTS TO THE INSTRUCTOR AND CAN EXPECT A RESPONSE WITHIN 72 HOURS VIDEOS COVER A VERY WIDE RANGE OF TOPICS FROM PRACTICAL CAREGIVING TECHNIQUES SUCH AS CHANGING A BED WITH SOMEONE IN IT TO COMPLEX MEDICATION MANAGEMENT ALL PRESENTERS ARE EXPERTS IN THEIR FIELDS OF GERIATRICS, GERONTOLOGY, LONG-TERM CARE, AND PASTORAL CARE, INCLUDING PHYSICIANS, NURSES, SOCIAL WORKERS, PHYSICAL THERAPISTS, PSYCHIATRISTS, AND OTHERS SUBTITLING IN SPANISH HAS BEEN AVAILABLE ON MANY VIDEOS SINCE 2014 SINCE ITS FOUNDING IN 2007, MMLEARN ORG HAS PRODUCED MORE THAN 350 CAREGIVER EDUCATION VIDEOS THEY HAVE BEEN VIEWED MORE THAN 350,000 TIMES IN 2017

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

(Code) (Expenses \$ 7,369,462 including grants of \$) (Revenue \$ 7,773,506)

DIETARY SERVICES - PROVIDES DAILY MEALS FOR APPROXIMATELY 1,100 RESIDENTS DIETARY SERVICES INCLUDE SELECTIVE MENUS (GIVING RESIDENTS A CHOICE OF MENUS) AND ACCOMMODATE THE NEEDS OF ALL DIET TYPES FROM PUREE, GROUND, SALT, CALORIE REGULATED AND ANY OTHER SPECIAL NUTRITION NEEDS OF THE RESIDENTS ON A 24 HOUR BASIS

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			
BOB SCOTT CHAIRMAN	4 00 0 00	X		X				0	0	0
PETER MADDOX VICE CHAIRPERSON	2 00 0 00	X		X				0	0	0
DANA FORGIONE PHD TREASURER	2 00 0 00	X		X				0	0	0
DAVID WAY MD SECRETARY	2 00 0 00	X		X				0	0	0
VICKI BOYCE BOARD MEMBER	2 00 0 00	X						0	0	0
PATRICIA BRIDWELL BOARD MEMBER	2 00 0 00	X						0	0	0
BISHOP SUFFRAGAN JENNIFER BROOKE-DA EX-OFFICIO MEMBER	2 00 0 00	X						0	0	0
GEORGE D CASE MD BOARD MEMBER	2 00 0 00	X						0	0	0
REV BOB FULLER BOARD MEMBER	2 00 0 00	X						0	0	0
FRANCES GARZA-ALVARADO BOARD MEMBER	2 00 0 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			
MICHAEL LICHTENSTEIN MD MSC BOARD MEMBER	2 00 0 00	X						0	0	0
MELINDA MCFARLAND BOARD MEMBER	2 00 0 00	X						0	0	0
JULIE BRAY PATTERSON BOARD MEMBER	2 00 0 00	X						0	0	0
BISHOP ROBERT SCHNASE BOARD MEMBER	2 00 0 00	X						0	0	0
POLLY JACKSON SPENCER BOARD MEMBER	2 00 0 00	X						0	0	0
DENNIS TOTTENHAM BOARD MEMBER	2 00 0 00	X						0	0	0
ED TRAVIS BOARD MEMBER	2 00 0 00	X						0	0	0
MIKE VENSON BOARD MEMBER	2 00 0 00	X						0	0	0
CLARENCE GERFERS PAST BOARD MEMBER	2 00 0 00	X						0	0	0
CAROLINE MOWEN PAST BOARD MEMBER	2 00 0 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			
RT REV DAVID REED PAST EX-OFFICIO MEMBER	2 00 0 00	X						0	0	0
REV CARL ROHLFS PAST BOARD MEMBER	2 00 0 00	X						0	0	0
PATRICK CRUMP PRESIDENT/CEO	40 00 0 00			X				238,228	0	3,653
LEO CUTCLIFF PAST EVP OPERATIONS	40 00 0 00			X				174,112	0	2,009
JOAN DIXON PAST VP FINANCE	40 00 0 00			X				151,463	0	7,688
MR ALVIN LOEWENBERG PAST PRESIDENT/CEO	40 00 0 00			X				120,196	0	17,579
JORDAN LOVELDAY CHIEF FINANCIAL OFFICER	40 00 0 00			X				74,054	0	1,434
QUINDA FEIL-DUNCAN CHIEF OPERATING OFFICER	40 00 0 00			X				51,034	0	1,535
MARIA WELLISCH VP QUALITY ASSURANCE	40 00 0 00					X		160,523	0	3,846
CAROLYN WORTHEN PAST EXECUTIVE DIRECTOR	40 00 0 00					X		140,199	0	3,344

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			
AI PHUONG NGUYEN LVN - MANOR/KAULBACH	40 00 0 00					X		130,585	0	6,086
LUCILLE CRAWFORD PHARMACIST IN CHARGE	40 00 0 00					X		129,157	0	3,040
GRACIELA KANALAS PHARMACIST	40 00 0 00					X		122,214	0	3,377

SCHEDULE A
(Form 990 or 990-EZ)

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MORNINGSIDE MINISTRIES

Employer identification number

74-1388420

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 **section 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

	Calendar year (or fiscal year beginning in) ►	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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 in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")		885,552	1,879,042	1,269,725	822,289	4,856,608
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	44,714,073	46,859,108	45,505,728	46,856,866	45,725,618	229,661,393
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	44,714,073	47,744,660	47,384,770	48,126,591	46,547,907	234,518,001
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		58,878	13,427	40,027	44,136	156,468
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						0
c Add lines 7a and 7b		58,878	13,427	40,027	44,136	156,468
8 Public support. (Subtract line 7c from line 6.)						234,361,533

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	44,714,073	47,744,660	47,384,770	48,126,591	46,547,907	234,518,001
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	637,980	545,081	175,631	172,113	1,231,474	2,762,279
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	637,980	545,081	175,631	172,113	1,231,474	2,762,279
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.)				1,234,708	561,440	1,796,148
13 Total support. (Add lines 9, 10c, 11, and 12.)	45,352,053	48,289,741	47,560,401	49,533,412	48,340,821	239,076,428

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 2017 (line 8, column (f) divided by line 13, column (f))	15	98.030 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	98.510 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	1.160 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	0.920 %

19a 33 1/3% support tests—2017. 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—2016. 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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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

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 (explain in Part VI) **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	<input type="checkbox"/> 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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME	MEAL REVENUE - 2016 AMOUNT \$ 182,350 2017 AMOUNT \$ 164,658 BEAUTY SHOP - 2016 AMOUNT \$ 140,908 2017 AMOUNT \$ 15,306 GUEST APARTMENT REVENUE - 2016 AMOUNT \$ 20,095 2017 AMOUNT \$ 18,711 LAUNDRY REVENUE - 2016 AMOUNT \$ 25,941 2017 AMOUNT \$ 26,456 TELEPHONE REVENUE - 2016 AMOUNT \$ 44,896 2017 AMOUNT \$ 46,625 TRANSPORTATION REVENUE - 2016 AMOUNT \$ 214,142 2017 AMOUNT \$ 169,355 OTHER REVENUE - 2016 AMOUNT \$ 344,434 2017 AMOUNT \$ 141,045 MANAGEMENT FEE REVENUE - 2016 AMOUNT \$ 102,000 2017 AMOUNT \$ 0 PROCESSING FEE REVENUE - 2016 AMOUNT \$ 159,942 2017 AMOUNT \$ 112,000 PARTNERSHIP LOSS IN MMCARE - 2017 AMOUNT \$ -132,716

Schedule A Form 990 or 990-E 2012

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
2017
Open to Public Inspection

Name of the organization
MORNINGSIDE MINISTRIES

Employer identification number
74-1388420

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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	14,085,079				
b Contributions	96,007				
c Net investment earnings, gains, and losses	1,533,166				
d Grants or scholarships					
e Other expenditures for facilities and programs	-44,492				
f Administrative expenses					
g End of year balance	15,758,744				

- 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 ▶ 76 100 %
 - c** Temporarily restricted endowment ▶ 23 900 %
- 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		4,902,534		4,902,534
b Buildings		105,475,216	36,110,954	69,364,262
c Leasehold improvements		33,105,699	20,423,951	12,681,748
d Equipment		10,104,985	6,445,152	3,659,833
e Other		812,084	736,689	75,395
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				90,683,772

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DEPOSITS	99,594
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	99,594

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	52,724,236
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	1,175,338
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	1,175,338
3	Subtract line 2e from line 1	3	51,548,898
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	329,341
c	Add lines 4a and 4b	4c	329,341
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	51,878,239

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	53,862,083
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	53,862,083
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	329,341
c	Add lines 4a and 4b	4c	329,341
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	54,191,424

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: 74-1388420

Name: MORNINGSIDE MINISTRIES

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	ENDOWMENT FUNDS ARE INTENDED TO BE USED TO ASSIST WITH THE MORNINGSIDE MINISTRIES COVENANT ASSISTANCE PROGRAM, WHICH ASSISTS INDIGENT RESIDENTS LIVING IN MORNINGSIDE COMMUNITIES. ADDITIONALLY, THE FUNDS ARE TO BE USED TO PROVIDE FOR THE CONTINUED UPKEEP OF THE MORNINGSIDE MEADOWS INDEPENDENT LIVING BUILDING.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS UNDER THAT GUIDANCE, THE CORPORATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE ORGANIZATION AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME ("UBIT") THE TAX BENEFITS RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2016

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	INVESTMENT MANAGEMENT FEES 329,341

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	INVESTMENT MANAGEMENT FEES 329,341

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MORNINGSIDE MINISTRIES

Employer identification number
74-1388420

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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.</p>	1b									
<p>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?</p>	2									
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	Yes								
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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 PATRICK CRUMP PRESIDENT/CEO	(i)	230,347	0	7,881	0	3,653	241,881	0
	(ii)	0	0	0	0	0	0	0
2 LEO CUTCLIFF PAST EVP OPERATIONS	(i)	174,112	0	0	1,054	955	176,121	0
	(ii)	0	0	0	0	0	0	0
3 JOAN DIXON PAST VP FINANCE	(i)	151,463	0	0	3,111	4,577	159,151	0
	(ii)	0	0	0	0	0	0	0
4 MARIA WELLISCH VP QUALITY ASSURANCE	(i)	160,523	0	0	2,315	1,531	164,369	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4A	LEO CUTCLIFF RECEIVED SERVERANCE PAY OVER A CONTINUOUS PAY PERIOD BEGINNING JULY 2017 AND ENDING DECEMBER 2017 IN THE AMOUNT OF \$65,155 AND RECEIVED A PTO PAYOUT OF \$22,616. MARIA WELLISCH RECEIVED SEVERANCE PAY OVER A CONTINUOUS PAY PERIOD FOR 26 WEEKS TOTAL IN THE AMOUNT OF \$64,832, WITH \$9,974 BEING PAID IN 2017 AND \$54,858 TO BE PAID IN 2018. MARIA ALSO RECEIVED A PTO PAYOUT OF \$4,987 FOR THE YEAR ENDING DECEMBER 31, 2017.

Schedule K (Form 990)
 Department of the Treasury
 Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ▶ Attach to Form 990.
 ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
 MORNINGSIDE MINISTRIES

Employer identification number
 74-1388420

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A NEW HOPE CULTURAL EDUCATION FACILITIES FINANCE CORPORATION	26-1604618	64542TZJ6	09-19-2013	48,439,809	SEE SUPPLEMENTAL SCHEDULE		X		X		X

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	1,660,000			
2 Amount of bonds legally defeased				
3 Total proceeds of issue	47,699,784			
4 Gross proceeds in reserve funds	3,548,238			
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds	967,245			
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds				
11 Other spent proceeds	43,184,301			
12 Other unspent proceeds				
13 Year of substantial completion	2013			
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X			
15 Were the bonds issued as part of an advance refunding issue?		X		
16 Has the final allocation of proceeds been made?	X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X							

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %							
6 Total of lines 4 and 5	0 %							
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, PART I, BOND ISSUES, COLUMN F	(1) REFUND ALL OF THE OUTSTANDING KENDALL COUNTY HEALTH FACILITIES DEVELOPMENT CORPORATION VARIABLE RATE DEMAND HEALTH CARE REVENUE BONDS (MORNINGSIDE MINISTRIES PROJECT) SERIES 2008 AND (2) TO PAY A PORTION OF THE COST OF ISSUANCE OF THE SERIES 2013 BONDS

Return Reference	Explanation
SCHEDULE K, PART II, PROCEEDS, LINE 3	THE DIFFERENCE BETWEEN THE ISSUE PRICE OF \$48,439,809 AND THE TOTAL PROCEEDS OF THE ISSUE OF \$47,699,784 IS DUE TO AN UNDERWRITER'S DISCOUNT OF \$740,025

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

▶ **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**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MORNINGSIDE MINISTRIES

Employer identification number
74-1388420

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	X	1	7,500	FMV
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				
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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

Part II**Supplemental Information.**

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

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
MORNINGSIDE MINISTRIES

Employer identification number

74-1388420

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1	<p>THE MISSION OF MORNINGSIDE IS TO "ENHANCE THE DIGNITY AND THE QUALITY OF LIFE OF OLDER ADULTS, THEIR FAMILIES AND CAREGIVERS WITH COMPASSIONATE CARE " TO ACCOMPLISH THIS MISSION, MORNINGSIDE PROVIDES ELDERLY PERSONS IN SAN ANTONIO AND SURROUNDING COMMUNITIES WITH PERSONAL CARE IN A RESIDENTIAL SETTING, AS WELL AS LIMITED RECREATIONAL SERVICES TO NON-RESIDENTS MAJOR PROGRAM SERVICES INCLUDE RETIREMENT HOUSING, ASSISTED LIVING SERVICES, MEMORY CARE, SKILLED NURSING CARE, AND REHABILITATION SERVICES MORNINGSIDE OPERATES THREE FACILITIES IN BEXAR AND KENDALL COUNTIES WHICH ARE HOME TO OVER 900 OLDER ADULTS HISTORY AND FOUNDERS - MORNINGSIDE WAS ORIGINALLY FOUNDED IN 1959 BY THE RIO TEXAS CONFERENCE OF THE UNITED METHODIST CHURCH (FORMERLY, THE SOUTHWEST TEXAS CONFERENCE OF THE UNITED METHODIST CHURCH) DURING THAT SAME YEAR, MORNINGSIDE WAS INCORPORATED AS A NON-PROFIT ORGANIZATION IN THE STATE OF TEXAS AND RECEIVED ITS FEDERAL IRS 501(C)(3) DESIGNATION VERY SOON THEREAFTER, THE METHODIST CONFERENCE WAS JOINED BY THE DIOCESE OF WEST TEXAS, EPISCOPAL CHURCH OF THE USA AND THE FIRST PRESBYTERIAN CHURCH OF SAN ANTONIO ECO A COVENANT ORDER OF EVANGELICAL PRESBYTERIANS TO HELP PROVIDE CARE TO THE ELDERLY AFTER 55 YEARS OF SERVICE, MORNINGSIDE'S PRIMARY GOAL REMAINS THE SAME TO MEET THE SPIRITUAL, EMOTIONAL, PHYSICAL AND INTELLECTUAL NEEDS OF THE RESIDENTS AND THEIR FAMILIES IN A FAITH-BASED ATMOSPHERE MORNINGSIDE IS OPEN TO ALL ELDERLY PERSONS REGARDLESS OF RELIGIOUS FAITH CHARITY CARE FOR THE AGED - AS PART OF ITS MINISTRY, MORNINGSIDE PROVIDES CHARITABLE CARE TO RESIDENTS WHO HAVE OUTLIVED THEIR RESOURCES THE COVENANT FUND WAS SPECIFICALLY ESTABLISHED TO PROVIDE FINANCIAL ASSISTANCE TO THOSE RESIDENTS WHO YEARS AFTER MOVING TO MORNINGSIDE FIND THAT THEY CAN NO LONGER PAY FOR THE SERVICES THEY RECEIVE IN ADDITION, STATE MEDICAID PAYMENTS TO SKILLED NURSING FACILITIES ARE SUBSTANTIALLY LOWER THAN THE COST OF THE HIGH-QUALITY SKILLED NURSING CARE PROVIDED BY MORNINGSIDE AT ANY ONE TIME, APPROXIMATELY 40% OF MORNINGSIDE'S SKILLED NURSING BEDS ARE OCCUPIED BY MEDICAID RECIPIENTS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART I, LINE 6	<p>VOLUNTEERS IN THE ORGANIZATION THE AUXILIARY AT MORNINGSIDE MANOR WAS ALREADY ESTABLISHED WHEN MORNINGSIDE OPENED ITS FIRST FACILITY IN 1961 THE AUXILIARY WAS CREATED TO HELP DEF RAY THE COST OF PROVIDING CARE TO RESIDENTS IN NURSING CARE, PROVIDE PERSONAL ATTENTION TO EACH RESIDENT, AND CREATE VOLUNTEER OPPORTUNITIES TO COMMUNITY MEMBERS WANTING TO WORK WITH THE ELDERLY IN NURSING CARE TODAY, THERE ARE 40 VOLUNTEERS IN THE AUXILIARY PROVIDING IN EXCESS OF 7,000 VOLUNTEER HOURS PER YEAR THEY UNDERTAKE A WIDE RANGE OF ACTIVITIES THAT INCLUDE RUNNING ERRANDS FOR THE RESIDENTS, BOOKING ORDERS FOR RESIDENTS AND TAKING RESIDENTS TO THE CHAPEL, NEARBY PHARMACIES AND SUPERMARKETS VOLUNTEERS ALSO READ TO RESIDENTS WHO CAN NO LONGER HOLD A BOOK OR WHOSE VISION HAS FAILED THEY ALSO HELP LEAD BOARD AND OTHER GAMES FOR RESIDENTS AND ORGANIZE MUSICAL ENTERTAINMENT FOR THEM VOLUNTEERS OPERATE THE "WELCOME WAGON" PRESENTING ALL NEW RESIDENTS WITH A GIFT BAD AND ALSO PREPARE GIFTS FOR RESIDENTS ON THEIR BIRTHDAY, CHRISTMAS AND OTHER SPECIAL OCCASIONS THE AUXILIARY ALSO OPERATES A GIFT SHOP AT THE MANOR FOR THE CONVENIENCE OF RESIDENTS ALL PROFITS OF THE SHOP ARE DONATED BY THE AUXILIARY TO THE MANOR TO BE USED FOR RENOVATION OF THE FACILITIES, PURCHASE OF NEEDED EQUIPMENT AND FURNITURE, AND TO PURCHASE BOOKS, MATERIALS AND SUPPLIES THAT IMPROVE THE QUALITY OF LIFE FOR THE RESIDENTS SINCE 1994, THE AUXILIARY HAS DONATED APPROXIMATELY \$256,000 TO MORNINGSIDE MANOR FROM THE GIFT SHOP PROCEEDS VOLUNTEERS ARE RECRUITED AT AREA CHURCHES, THROUGH THE INTERNET, AND THROUGH REFERRALS MADE BY VOLUNTEERS, RESIDENTS, FAMILY MEMBERS AND EMPLOYEES MOST VOLUNTEERS SPEND MANY YEARS VOLUNTEERING AT MORNINGSIDE WITH MANY LEAVING THE AUXILIARY ONLY AFTER RETIRING OR WHEN THEIR OWN HEALTH FAILS</p> <p>IN ADDITION, MANY OTHER VOLUNTEERS THROUGHOUT THE YEAR PARTICIPATE IN A WIDE VARIETY OF ACTIVITIES AT ALL OF MORNINGSIDE MINISTRIES' THREE CAMPUSES THESE VOLUNTEERS ARE PART OF AN INFORMAL VOLUNTEER PROGRAM WHICH INCLUDES ONE-TIME, SHORT-TERM AND LONG-TERM VOLUNTEER SERVICE PROJECTS WHILE MANY VOLUNTEERS COME AS PART OF THE CORPORATE VOLUNTEER PROJECT, CHURCH GROUP, SCOUT TROOP, SCHOOL CLASS OR OTHER ORGANIZED EFFORT, OTHER VOLUNTEERS COME ON THEIR OWN WANTING TO HELP MINISTER TO THE NEEDS OF RESIDENTS VOLUNTEER ACTIVITIES INCLUDE VISITING WITH RESIDENTS, HELPING WITH RECREATION ACTIVITIES, MUSICAL PERFORMANCES, COMPUTER LESSONS AND MANY OTHER ACTIVITIES THESE VOLUNTEERS WORK UNDER THE DIRECTION OF AN ACTIVITIES COORDINATOR ON EACH CAMPUS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY FOR REVIEW PRIOR TO FILING THE FORM 990 WITH THE INTERNAL REVENUE SERVICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR, ALL BOARD MEMBERS SIGN A CONFLICT OF INTEREST STATEMENT THE PRESIDENT AND CEO'S OFFICE MONITORS THIS PROCESS IF THERE IS A CONFLICT OF INTEREST, THE BOARD IS MADE AWARE OF THE CONFLICT AND THE BOARD MEMBER INVOLVED DOES NOT SPEAK OR VOTE ON THOSE RELATED ISSUES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION PROCESS FOR TOP OFFICIAL, THE PRESIDENT, AND CEO'S COMPENSATION IS REVIEWED AND APPROVED ON AN ANNUAL BASIS BY THE EXECUTIVE COMMITTEE DURING THIS REVIEW THE EXECUTIVE COMMITTEE UTILIZES COMPARABILITY DATA OF OTHER ORGANIZATIONS OF THIS NATURE AND THE RESULTS OF THEIR REVIEW AND DECISIONS ARE FORWARDED TO HUMAN RESOURCES THE PROCESS FOR OTHER OFFICERS IS THE SAME, EXCEPT COMPARABILITY SURVEYS ARE UTILIZED ON AN AS-NEEDED-BASIS INSTEAD OF ANNUALLY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION'S FORM 990 IS AVAILABLE TO THE PUBLIC UPON REQUEST THE ORGANIZATION WAS FORMED PRIOR TO THE FORM 1023 FILING REQUIREMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THERE HAS BEEN NO CHANGE FROM THE PRIOR YEAR TO THE AUDIT OVERSIGHT PROCESS OR INDEPENDENT AUDITOR SELECTION PROCESS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VIII, LINE 6D	THE ORGANIZATION LEASES SPACE AT ONE OF THEIR CAMPUSES TO TENANTS WHO ARE TAX EXEMPT ENTITIES WHO PROVIDE SERVICES TO THE RESIDENTS OF THE ORGANIZATION THE LEASED SPACE IS NOT DEBT-FINANCED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART X	EFFECTIVE 12/31/16, THE MORNINGSIDE MINISTRIES FOUNDATION, INC (FOUNDATION), A FORMER RELATED ORGANIZATION OF MORNINGSIDE MINISTRIES (MORNINGSIDE), MERGED WITH MORNINGSIDE IN ORDER TO REALIZE FINANCIAL, LEGAL, AND OPERATIONAL EFFICIENCIES BETWEEN THE TWO NONPROFIT CORPORATIONS AS A RESULT, ON 1/1/17, THE FOUNDATION TRANSFERRED ALL OF ITS ASSETS TO MORNINGSIDE BASED ON THE BOOK VALUE OF THE ASSETS AT 1/1/17 THIS RESULTED IN ENDOWMENT FUNDS BEING TRANSFERRED TO MORNINGSIDE THIS ALSO RESULTED IN A LARGE INCREASE IN LAND, BUILDINGS AND EQUIPMENT FROM THE BEGINNING BALANCE AND A LARGE DECREASE IN OTHER ASSETS AS THE BEGINNING BALANCE OF OTHER ASSETS INCLUDED BENEFICIAL INTEREST IN THE FOUNDATION

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

Open to Public Inspection

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
MORNINGSIDE MINISTRIES

Employer identification number

74-1388420

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MMCARE LLC 700 BABCOCK ROAD SAN ANTONIO, TX 78201 81-4679872	HOME HEALTH IN TEXAS	TX	MORNINGSIDE MINISTRIES INC	RELATED	-163,713	304,454		No		Yes		75 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHANDLER MEMORIAL HOME TRUST 100 W HOUSTON STREET SAN ANTONIO, TX 78205 74-6395717	TO SUPPORT THE CHANDLER CAMPUS	TX	MORNINGSIDE MINISTRIES	T	67,502	5,025,317	100 000 %	Yes	

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

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

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

Part VII **Supplemental Information**

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