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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

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

C Name of organization
MORTON PLANT MEASE HEALTH CARE FOUNDATION INC

Doing business as

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

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

D Employer identification number
59-1751535

E Telephone number
(727) 462-7036

G Gross receipts $ 64,500,881

F Name and address of principal officer
ERNESTINE MORGAN CFRE
1200 DRUID ROAD SOUTH
CLEARWATER, FL 33756

H(a) Is this a group return for subordinates? ☐ Yes ☑ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW MPMF ORG

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

L Year of formation 1977 **M** State of legal domicile FL

Part I Summary

Activities & Governance

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	27
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	27
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	40
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	6,318,318	14,199,167
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,604,964	6,392,739
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-119,343	-196,241
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,803,939	20,395,665
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,144,989	7,965,769
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,531,236	1,564,371
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,442,404		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	987,068	1,059,676
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,663,293	10,589,816
	19	Revenue less expenses Subtract line 18 from line 12	140,646	9,805,849
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	113,967,642	111,711,280
	21	Total liabilities (Part X, line 26)	7,980,165	7,627,596
	22	Net assets or fund balances Subtract line 21 from line 20	105,987,477	104,083,684

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

****** | 2019-05-24
Signature of officer | Date

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN P00633271
Firm's name ▶ CARR RIGGS & INGRAM LLC			Firm's EIN ▶ 72-1396621	
Firm's address ▶ 2111 DREW STREET CLEARWATER, FL 33765			Phone no (727) 446-0504	

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 1,339,358 including grants of $ 1,312,952) (Revenue $)

See Additional Data

4b (Code) (Expenses $ 1,145,566 including grants of $ 1,122,980) (Revenue $)

See Additional Data

4c (Code) (Expenses $ 5,641,057 including grants of $ 5,529,837) (Revenue $)

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶** 8,125,981

Part IV **Checklist of Required Schedules**

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	**1**	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	**2**	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	**3**		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	**4**		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	**5**		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	**6**		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	**7**		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	**8**		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?*If "Yes," complete Schedule D, Part IV*	**9**		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	**10**	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	**11a**	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	**11b**		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	**11c**		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	**11d**		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	**11e**	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	**11f**	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	**12a**	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	**12b**		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	**13**		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	**14a**		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	**14b**		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	**15**		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	**16**		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*(see instructions)	**17**		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	**18**	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	**19**		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	181			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a** 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		**2b**		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		**16**		No

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a** 27			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

	(D)	(E)	(F)
1b Sub-Total . . . . ▶			
c Total from continuation sheets to Part VII, **Section A** . . . . . ▶			
d Total (add lines 1b and 1c) . . . . ▶	234,089	2,281,497	115,294

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns . . . 1a					
b Membership dues . . . 1b					
c Fundraising events . . . 1c	472,904				
d Related organizations 1d					
e Government grants (contributions) 1e					
f All other contributions, gifts, grants, and similar amounts not included above 1f	13,726,263				
g Noncash contributions included in lines 1a - 1f $ 869,219					
h **Total.** Add lines 1a-1f . . . . ▶		14,199,167			

Program Service Revenue	Business Code	(A)	(B)	(C)	(D)
2a					
b					
c					
d					
e					
f All other program service revenue					
g **Total.** Add lines 2a–2f . . . . ▶					

Other Revenue	(i)	(ii)	(A) Total revenue	(B)	(C)	(D)
3 Investment income (including dividends, interest, and other similar amounts) . . . . . . ▶			2,099,001			2,099,001
4 Income from investment of tax-exempt bond proceeds ▶						
5 Royalties . . . . ▶						
	(i) Real	(ii) Personal				
6a Gross rents						
b Less rental expenses						
c Rental income or (loss)						
d Net rental income or (loss) . . . . ▶						
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	48,017,302					
b Less cost or other basis and sales expenses	43,723,564					
c Gain or (loss)	4,293,738					
d Net gain or (loss) . . . . . . ▶			4,293,738			4,293,738
8a Gross income from fundraising events (not including $ 472,904 of contributions reported on line 1c) See Part IV, line 18 . . . . . a		185,411				
b Less direct expenses . . . b		381,652				
c Net income or (loss) from fundraising events . . ▶			-196,241			-196,241
9a Gross income from gaming activities See Part IV, line 19 . . . a						
b Less direct expenses . . . b						
c Net income or (loss) from gaming activities . . ▶						
10a Gross sales of inventory, less returns and allowances . . a						
b Less cost of goods sold . . b						
c Net income or (loss) from sales of inventory . . ▶						
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue						
e **Total.** Add lines 11a–11d . . . . ▶						
12 **Total revenue.** See Instructions . . . . . . ▶			20,395,665	0	0	6,196,498

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	7,965,769	7,965,769		
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	296,337	118,535	29,634	148,168
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,007,152	1,071	306,513	699,568
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	31,604		17,009	14,595
9 Other employee benefits	147,824	7,935	41,004	98,885
10 Payroll taxes	81,454	6,215	21,650	53,589
11 Fees for services (non-employees)				
a Management				
b Legal	742		371	371
c Accounting	36,650		36,650	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	444,112		444,112	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	229,181	5,492	6,235	217,454
12 Advertising and promotion	41,032	4,103	10,122	26,807
13 Office expenses	62,435	2,230	36,183	24,022
14 Information technology				
15 Royalties . .				
16 Occupancy	140,624	10,682	37,337	92,605
17 Travel	9,232		4,330	4,902
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	8,958		2,560	6,398
20 Interest	247		247	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	51,750	3,949	13,755	34,046
23 Insurance . . .				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a				
b				
c				
d				
e All other expenses	34,713		13,719	20,994
25 **Total functional expenses.** Add lines 1 through 24e	10,589,816	8,125,981	1,021,431	1,442,404
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet**

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

					(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			550	1	550
	2	Savings and temporary cash investments			1,296,556	2	543,145
	3	Pledges and grants receivable, net			4,072,578	3	8,502,584
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			190,274	9	234,084
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,623,435			
	b	Less accumulated depreciation	10b	1,128,397	500,524	10c	495,038
	11	Investments—publicly traded securities			76,713,962	11	76,359,753
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			31,193,198	15	25,576,126
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			113,967,642	16	111,711,280
Liabilities	17	Accounts payable and accrued expenses			411,314	17	378,807
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D			7,568,851	25	7,248,789
	26	**Total liabilities.** Add lines 17 through 25			7,980,165	26	7,627,596
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			26,370,133	27	23,085,773
	28	Temporarily restricted net assets			50,143,528	28	52,941,339
	29	Permanently restricted net assets			29,473,816	29	28,056,572
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			105,987,477	33	104,083,684
	34	Total liabilities and net assets/fund balances			113,967,642	34	111,711,280

Part XI **Reconcilliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,395,665
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,589,816
3	Revenue less expenses Subtract line 2 from line 1	3	9,805,849
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	105,987,477
5	Net unrealized gains (losses) on investments	5	-10,820,206
6	Donated services and use of facilities	6	53,389
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-942,825
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	104,083,684

Part XII **Financial Statements and Reporting**

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

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

Additional Data

Software ID:

Software Version:

EIN: 59-1751535

Name: MORTON PLANT MEASE HEALTH CARE FOUNDATION INC

Form 990 (2018)

Form 990, Part III, Line 4a:

PROVIDING SUPPORT TO ENHANCE QUALITY OF CLINICAL CARE FROM MORTON PLANT MEASE NURSES, PHYSICIANS AND VOLUNTEERS, INCLUDING DR GEORGE MORRIS EARN AS YOU LEARN NURSING EDUCATION PROGRAM, FAMILY MEDICINE RESIDENCY CLINICAL TRAINING, CLINICAL RESEARCH STUDIES FOR FACULTY AND RESIDENT PHYSICIAN DEVELOPMENT, MULTIPLE NURSING SCHOLARSHIPS AND RECOGNITION PROGRAMS, AND EMERGENCY ASSISTANCE FOR OUR TEAM MEMBERS IN NEED SEE SECTION O FOR A DETAILED DESCRIPTION OF EACH PROGRAM REQUESTED BY THE HOSPITALS OF MORTON PLANT MEASE

Form 990, Part III, Line 4b:

PROVIDING DISEASE SPECIFIC PROGRAMS TO IMPROVE THE HEALTH OF THE COMMUNITY, INCLUDING EMOTIONAL AND SPIRITUAL SUPPORT FOR PATIENTS FIGHTING CANCER, PROSTATE, OVARIAN AND BREAST HEALTH PROGRAMS, CARDIOVASCULAR WELLNESS REHABILITATION, CAMPING RETREAT FOR ADULT CANCER SURVIVORS, MADONNA PTAK ALZHEIMER'S RESEARCH PROGRAM FOCUSED ON MEMORY LOSS DISORDERS, AND PALLIATIVE CARE OFFERING A HOLISTIC APPROACH TO TREATING PATIENTS WITH CHRONIC ILLNESS SEE SECTION O FOR A DETAILED DESCRIPTION OF EACH PROGRAM REQUESTED BY THE HOSPITALS OF MORTON PLANT MEASE

Form 990, Part III, Line 4c:

PROVIDING CAPITAL SUPPORT TO THE HOSPITALS OF MORTON PLANT MEASE, INCLUDING ADVANCED TECHNOLOGY AND RENOVATIONS AT MORTON PLANT'S MORGAN HEART HOSPITAL, MAGNETIC RESONANCE IMAGING SUITE BUILD-OUT AT MORTON PLANT NORTH BAY, SURGERY DISINFECTION ROBOTS TO ELIMINATE HEALTH CARE ASSOCIATED INFECTIONS, ENHANCEMENTS TO OUR HOSPITALS' BEHAVIORAL HEALTH UNITS, FLUORESCENCE IMAGING TECHNOLOGY FOR MEASE COUNTRYSIDE SURGERY, AND BIRTHING SIMULATORS FOR CHILDBIRTH TRAINING SEE SECTION O FOR A DETAILED DESCRIPTION OF EACH CAPITAL GRANT REQUESTED BY THE HOSPITALS OF MORTON PLANT MEASE

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			
EARLE COOPER CHAIRMAN	6 00	X		X				0	0	0
MARION RICH VICE CHAIR	6 00	X		X				0	0	0
SYDNEY NIEWIERSKI TREASURER	6 00	X		X				0	0	0
JAMES A MARTIN JR SECRETARY	6 00	X		X				0	0	0
KATHLEEN G ALLEN MD DIRECTOR	1 00	X						0	0	0
LEAH BERGOFFEN DIRECTOR	1 00	X						0	0	0
JON M BRETHAUER DIRECTOR	2 00	X						0	0	0
JENNIFER BUCK MD DIRECTOR	1 00	X						0	0	0
STEVEN L CASS DIRECTOR	2 00	X						0	0	0
CAROLE CHRISTENSEN DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
PETER B DIMMITT DIRECTOR	1 00	X						0	0	0
RUTH DUPONT DIRECTOR	1 00	X						0	0	0
JOHN ESTOCK DIRECTOR	1 00	X						0	0	0
DARLENE FERENZ DIRECTOR	1 00	X						0	0	0
WILLIAM J FISHER JR DIRECTOR	2 00	X						0	0	0
WILLIAM R FRANCISCO DIRECTOR	1 00	X						0	0	0
LINDSEY CROWN HARDEE CPA DIRECTOR	1 00	X						0	0	0
DUANE T HOUTZ DIRECTOR	1 00	X						0	0	0
M SCOTT KLAVANS MD DIRECTOR	1 00	X						0	0	0
F BRUCE LAUER DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
ANDREW LYNN DIRECTOR	1 00	X						0	0	0
BRAD MEINCK DIRECTOR	1 00	X						0	0	0
JAMES J NICHOLS DIRECTOR	1 00	X						0	0	0
KATE TIEDEMANN DIRECTOR	1 00	X						0	0	0
BENJAMIN C WHITED DO DIRECTOR	1 00	X						0	0	0
HAL ZIECHECK DIRECTOR	1 00	X						0	0	0
KRIS HOCE DIRECTOR (THROUGH 11/21/18)	1 00 45 00	X						0	1,673,119	22,480
LOUIS P GALDIERI DIRECTOR	1 00 45 00	X						0	608,378	30,566
ERNESTINE MORGAN CFRE PRESIDENT AND CEO	60 00			X				234,089	0	62,248

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MORTON PLANT MEASE HEALTH CARE FOUNDATION INC

Employer identification number
59-1751535

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

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

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

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

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

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

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

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

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

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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

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

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

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

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

f Enter the number of supported organizations

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	5,054,234	3,468,810	6,758,798	6,318,318	14,199,167	35,799,327
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	5,054,234	3,468,810	6,758,798	6,318,318	14,199,167	35,799,327
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,491,964
6 **Public support.** Subtract line 5 from line 4						30,307,363

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4	5,054,234	3,468,810	6,758,798	6,318,318	14,199,167	35,799,327
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,989,660	1,836,676	2,026,775	1,986,890	2,099,001	9,939,002
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						45,738,329

12 Gross receipts from related activities, etc (see instructions) | 12 | 1,098,188

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 2018 (line 6, column (f) divided by line 11, column (f)) | 14 | 66 260 %

15 Public support percentage for 2017 Schedule A, Part II, line 14 | 15 | 63 460 %

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **331/3% support tests—2018.** 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—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	**11c**		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (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 ☐ 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 59-1751535

Name: MORTON PLANT MEASE HEALTH CARE FOUNDATION INC

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

Facts And Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MORTON PLANT MEASE HEALTH CARE FOUNDATION INC

Employer identification number
59-1751535

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

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

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

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

Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, 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
d ☐ Loan or exchange programs
b ☐ Scholarly research
e ☐ Other
c ☐ Preservation for future generations

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**

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

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

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

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

	(a) Current year	**(b)** Prior year	**(c)** Two years back	**(d)** Three years back	**(e)** Four years back
1a Beginning of year balance	29,473,816	27,957,827	26,486,954	26,870,216	26,628,449
b Contributions	26,261	67,278	1,166,348	242,885	216,391
c Net investment earnings, gains, and losses	-1,443,505	1,448,711	304,525	-626,147	25,376
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	28,056,572	29,473,816	27,957,827	26,486,954	26,870,216

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

a Board designated or quasi-endowment ▶

b Permanent endowment ▶ 100 000 %

c Temporarily restricted endowment ▶

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

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

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

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

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

Description of property	**(a)** Cost or other basis (investment)	**(b)** Cost or other basis (other)	**(c)** Accumulated depreciation	**(d)** Book value
1a Land		272,045		272,045
b Buildings		510,729	510,729	0
c Leasehold improvements		651,400	487,190	164,210
d Equipment		110,471	93,815	16,656
e Other		78,790	36,663	42,127
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				495,038

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

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

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

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

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

(a) Description	(b) Book value
(1) CASH SURRENDER VALUE LIFE INSURANCE	4,417,136
(2) EXTERNALLY CONTROLLED ENDOWMENTS	14,703,395
(3) INTEREST RECEIVABLE	71,912
(4) OTHER ASSETS	59,812
(5) REMAINDER INTEREST IN TRUST AND ESTATES	6,323,871
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	25,576,126

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
GIFT ANNUITY OBLIGATIONS	6,389,321
LIABILITY UNDER TRUST AGREEMENTS	859,468
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	7,248,789

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	8,267,408
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-10,820,206		
b	Donated services and use of facilities	2b	78,886		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-942,825		
e	Add lines **2a** through **2d**			2e	-11,684,145
3	Subtract line **2e** from line **1**			3	19,951,553
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	444,112		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	444,112
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	20,395,665

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	10,171,201
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	25,500		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	25,500
3	Subtract line **2e** from line **1**			3	10,145,701
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	444,115		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	444,115
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	10,589,816

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE FOUNDATION RECEIVES INCOME FROM CERTAIN ENDOWMENT FUNDS THAT ARE NEITHER IN THE FOUNDA TION'S POSSESSION NOR UNDER ITS CONTROL THESE EXTERNAL ENDOWMENT ASSETS ARE HELD IN PERPE TUITY AND ARE INVESTED AND MANAGED BY OUTSIDE TRUSTEES IN ACCORDANCE WITH TRUST INSTRUMENT S ESTABLISHED BY THE DONORS THE FOUNDATION'S ENDOWMENT CONSISTS OF APPROXIMATELY 26 INDIV IDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES THE ENDOWMENTS ARE ALL DONOR-RESTRICTED ENDOWMENT FUNDS THE FOUNDATION HAS NO BOARD-DESIGNATED ENDOWMENTS THE BOARD OF DIRECTOR S OF THE FOUNDATION HAS INTERPRETED THE FLORIDA UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONA L FUNDS ACT (FUPMIFA) AS REQUIRING THE PRESERVATION OF THE FAIR VALUE OF THE ORIGINAL GIFT AS OF THE GIFT DATE OF THE DONOR-RESTRICTED ENDOWMENT FUNDS ABSENT EXPLICIT DONOR STIPULA TIONS TO THE CONTRARY AS A RESULT OF THIS INTERPRETATION, THE FOUNDATION CLASSIFIES AS PE RMANENTLY RESTRICTED NET ASSETS (A) THE ORIGINAL VALUE OF GIFTS DONATED TO THE PERMANENT E NDOWMENT, (B) THE ORIGINAL VALUE OF SUBSEQUENT GIFTS TO THE PERMANENT ENDOWMENT, (C) ACCUM ULATIONS TO THE PERMANENT ENDOWMENT MADE IN ACCORDANCE WITH THE DIRECTION OF THE APPLICABL E DONOR GIFT INSTRUMENT AT THE TIME THE ACCUMULATION IS ADDED TO THE FUND, AND (D) FOR END OWMENTS INSTRUMENTS THAT ARE SILENT AS TO THE RESTRICTION OF THE EARNINGS, THE BOARD HAS D ETERMINED TO RECORD ALL REALIZED AND UNREALIZED GAINS AND LOSSES THROUGH TEMPORARILY OR UN RESTRICTED DEPENDING ON THE PURPOSE RESTRICTION OF THE ENDOWMENT

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN SPLIT-INTEREST AGREEMENTS -372,947 UNCOLLECTIBLE PLEDGES -569,878

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶Attach to Form 990 or Form 990-EZ.

▶Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MORTON PLANT MEASE HEALTH CARE FOUNDATION INC

Employer identification number
59-1751535

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

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

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

		(a) Event #1 GOLF TOURNEY (event type)	(b) Event #2 PLANTERS LUNCHEON (event type)	(c) Other events 5 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	155,103	95,124	404,344	654,571
	2 Less Contributions	95,547	78,410	298,947	472,904
	3 Gross income (line 1 minus line 2)	59,556	16,714	105,397	181,667
Direct Expenses	4 Cash prizes			5,734	5,734
	5 Noncash prizes				
	6 Rent/facility costs	18,315		18,814	37,129
	7 Food and beverages	29,774	13,220	114,344	157,338
	8 Entertainment	1,200	15,000	6,195	22,395
	9 Other direct expenses	42,990	17,186	95,136	155,312
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				377,908
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-196,241

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

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

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

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

b If "No," explain ____

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

b If "Yes," explain ____

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

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

13 Indicate the percentage of gaming activity conducted in

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

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $____________

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MORTON PLANT MEASE HEALTH CARE FOUNDATION INC

Employer identification number
59-1751535

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MORTON PLANT HOSPITAL ASSOCIATION INC 300 PINELLAS STREET CLEARWATER, FL 33756	59-0624462	501(C)(3)	6,382,876				SEE SCHEDULE O FOR GRANT DESCRIPTIONS
(2) TRUSTEES OF MEASE HOSPITAL INC 300 PINELLAS STREET CLEARWATER, FL 33756	59-0855412	501(C)(3)	1,582,892				SEE SCHEDULE O FOR GRANT DESCRIPTIONS

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

3 Enter total number of other organizations listed in the line 1 table . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	**Explanation**
PART I, LINE 2	THE PURPOSE OF THE MORTON PLANT MEASE HEALTH CARE FOUNDATION IS TO SUPPORT THE HEALTH CARE NEEDS OF THE COMMUNITY THROUGH MORTON PLANT HOSPITAL ASSOCIATION, INC D/B/A MORTON PLANT HOSPITAL AND MORTON PLANT NORTH BAY HOSPITAL, AND TRUSTEES OF MEASE HOSPITAL, INC D/B/A MEASE DUNEDIN HOSPITAL AND MEASE COUNTRYSIDE HOSPITAL GRANTS ARE ONLY MADE TO THESE ORGANIZATIONS TO FURTHER THEIR MISSIONS AND EXEMPT PURPOSES

Schedule J (Form 990)

Compensation Information

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MORTON PLANT MEASE HEALTH CARE FOUNDATION INC

Employer identification number
59-1751535

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☑ Independent compensation consultant ☐ Form 990 of other organizations ☑ Written employment contract ☑ Compensation survey or study ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III	**5b**		No
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization? If "Yes," on line 6a or 6b, describe in Part III	**6b**		No
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	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KRIS HOCE DIRECTOR (THROUGH 11/21/18)	(i)	0	0	0	0	0	0	0
	(ii)	1,218,991	0	454,128	0	22,480	1,695,599	0
2 LOUIS P GALDIERI DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	482,131	0	126,247	13,750	16,816	638,944	0
3 ERNESTINE MORGAN CFRE PRESIDENT AND CEO	(i)	220,518	0	13,571	51,919	10,329	296,337	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 3	SALARIES OF ALL OFFICERS AND KEY EMPLOYEES WERE ALIGNED WITH INDEPENDENT MARKET STUDIES THROUGH SULLIVAN, COTTER AND ASSOCIATES, INC , AN INDEPENDENT COMPENSATION CONSULTANT, AND DEEMED REASONABLE BASED ON EXPERTISE AND EXPERIENCE OF INDIVIDUALS THE SALARY FOR THE PRESIDENT & CEO IS ESTABLISHED BY THE EXECUTIVE COMMITTEE OF THE FOUNDATION AND APPROVED BY THE BOARD OF DIRECTORS OTHER OFFICERS AND KEY EMPLOYEE SALARIES ARE ESTABLISHED BY THE PRESIDENT AND CEO IN CONJUNCTION WITH THE INDEPENDENT SALARY SURVEY
PART I, LINES 4A-B	LINE 4A KRIS HOCE WAS EMPLOYED THROUGH 11/21/18 AND RECEIVED A SEVERANCE PACKAGE FROM A RELATED PARTY LINE 4B 457(F) NONQUALIFIED RETIREMENT PLAN, 2018 CONTRIBUTIONS WERE AS FOLLOWS ERNESTINE MORGAN $34,108, KRIS HOCE $454,128, & LOUIS GALDIERI $126,247

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MORTON PLANT MEASE HEALTH CARE
FOUNDATION INC

Employer identification number
59-1751535

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	10	840,445	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	1	28,774	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (______________)				
26 Other ▶ (______________)				
27 Other ▶ (______________)				
28 Other ▶ (______________)				

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

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

Part II Supplemental Information.

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

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MORTON PLANT MEASE HEALTH CARE FOUNDATION INC

Employer identification number
59-1751535

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 2	RADIATION ONCOLOGY RESEARCH ($50,000) MORTON PLANT HOSPITAL CURRENTLY HAS TWO MAJOR BREAST CANCER CLINICAL DATABASES THAT REQUIRE "MINING" THE HOSPITAL MAINTAINS ONE OF THE LARGEST SINGLE INSTITUTION DATABASES IN THE US AND OVER 10 YEARS WORTH OF LONG TERM FOLLOW-UP NEEDS TO BE ABSTRACTED FROM PATIENT RECORDS THE LEVEL OF TIME AND EFFORT THAT WARRANT A COMPREHENSIVE UPDATE OF THE CLINICAL DATA AND OUTCOME OF THESE PATIENTS JUSTIFY THE CREATION OF A RESEARCH ASSISTANT POSITION MAMMOGRAPHY VOUCHER PROGRAM ($40,000) COMMUNITY BREAST HEALTH SERVICES PROGRAM SERVING UNINSURED AND LOW-INCOME WOMEN WITH ACCESS TO CLINICAL BREAST EXAMS, SCREENING AND DIAGNOSTIC MAMMOGRAMS, BREAST ULTRASOUND, MRIS, FINE NEEDLE ASPIRATIONS, IMAGEGUIDED AND SURGICAL BIOPSIES, SURGICAL CONSULTATIONS, AND TREATMENT BABY BOOKS FOR MORTON PLANT HOSPITAL NEWBORNS ($30,000) IN KEEPING WITH THE HOSPITAL'S MOTHER AND BABY UNIT THEME "THIS IS WHERE YOUR STORY BEGINS" THIS GRANT HELPED FUND NEW, HARDCOVER BABY BOOKS TO FAMILIES WHO JUST HAD A BABY BORN IN THE HOSPITAL OVARIAN CANCER CHARITY CARE ($25,000) MANY OVARIAN CANCER PATIENTS ARE UNFUNDED OR UNDERFUNDED AND REQUIRE CHARITY CARE DURING THE DURATION OF THEIR CANCER TREATMENTS TO ASSIST WITH THIS, THIS GRANT WILL HELP OFFSET THE COST OF THE COUNSELORS AND NAVIGATORS IN THE CANCER PATIENT SUPPORT SERVICES (CAPSS) PROGRAM THAT ALSO HELP THESE WOMEN THROUGH THEIR CANCER JOURNEY NEUROPLASTHETICS PROGRAM ($10,950) THE ESTIMATED PREVALENCE OF DEMENTIA AMONG PERSONS OLDER THAN 70 YEARS IN THE US IS 15% THE GOAL OF THIS TRAINING PROGRAM IS TO DRIVE BRAIN PLASTICITY WITH POSITIVE OUTCOMES REQUIRES ENGAGING OLDER ADULTS IN DEMANDING SENSORY, COGNITIVE, AND MOTOR ACTIVITIES ON AN INTENSIVE BASIS, IN A BEHAVIORAL CONTEXT DESIGNED TO RE-ENGAGE AND STRENGTHEN THE NEUROMODULATORY SYSTEMS THAT CONTROL LEARNING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 3	ADVANCE REGISTERED NURSE RESIDENCY PROGRAM A NON-PHYSICIAN PROVIDER INTAKE MODEL FOR PRIMARY CARE WAS NEEDED TO ENSURE THAT PATIENTS HAVE ACCESS TO QUALITY, SAFE CARE IN A TIMELY MANNER THE AIM OF THE ADVANCE REGISTERED NURSE PRACTITIONER (ARNP) RESIDENCY PROGRAM IS TO PREPARE THE MPM NOVICE NURSE PRACTITIONER FOR PRACTICE WITH THE SUPPORT AND PRECEPTORSHIP OF PRIMARY CARE PHYSICIANS GRANT DOLLARS FUND SALARY AND BENEFITS FOR ONE ARNP POSITION MPM/ PINELLAS TECHNICAL COLLEGE NURSING ASSISTANT PROGRAM NURSING ASSISTANTS (NA) ARE A VITAL MEMBER OF THE PATIENT CARE DELIVERY TEAM THIS PROGRAM ASSISTS IN FILLING VACANCIES THAT ARE LEFT AFTER OUR CURRENT PCTS GRADUATE FROM NURSING SCHOOL MPM IS ALLOWED TO CHOOSE THE STUDENT/TEAM MEMBER, HELP DEVELOP COURSE CONTENT AND HAVE THE STUDENTS PERFORM THEIR CLINICALS IN OUR HOSPITALS GRANT DOLLARS FUND 12 STUDENT SCHOLARSHIPS, AS WELL AS HELPING WITH BOOKS AND TUITION FAITH COMMUNITY NURSING COORDINATOR DATA SUPPORT POSITION ALLOWS THE FAITH COMMUNITY NURSING SUPERVISOR AND COORDINATORS TO FOCUS ALL THEIR EFFORTS ON INCREASING THE AMOUNT OF FAITH COMMUNITY PARTNERS AND NURSES WE HAVE IN THE PROGRAM WE CURRENTLY HAVE OVER 100 VOLUNTEER NURSES IN OVER 50 FAITH PARTNERS PROVIDING EDUCATION, SCREENINGS AND MATERIALS TO PROMOTE HEALTH AND WELLNESS IN THE COMMUNITIES WE SERVE TECHNOLOGY & QUALITATIVE METRICS IN PASTORAL CARE CLINICAL PASTORAL EDUCATION (CPE) IS THE LEADING INTERNATIONAL CLINICAL TRAINING PROGRAM FOR CLERGY IN THE PAST, EACH CHAPLAIN RECORDED THEIR ACTIVITY AT THEIR DESKTOP COMPUTER CLARIFIRE ROUNDS DEVELOPED PRODUCTIVITY SOFTWARE FOR USE WITH THE PALLIATIVE CARE TEAM, INCLUDING CHAPLAIN RESIDENTS, CHAPLAIN INTERNS AND STAFF CHAPLAINS TO CHART THEIR DATA ON IPADS THE IPAD CAN GO WITH THE CHAPLAIN ON ROUNDS SO THAT THE PRODUCTIVITY CAN BE CHARTED IN REAL TIME HEALTHY MEALS TRANSITIONS CARE PROGRAM MORTON PLANT HOSPITAL TRIALED A PROGRAM TO PROVIDE HEALTHY MEALS TO 25 SELECT DISCHARGED PATIENTS 65+ OF AGE FOR 30 DAYS THIS PROGRAM ALLOWED MPH TO PROVIDE A MEAL SERVICE PROGRAM TO IMPROVE AND MAINTAIN THE PATIENTS' HEALTH AFTER DISCHARGE, RESULTING IN FEW HOSPITALIZATIONS AND READMISSIONS SERVICE PROVIDES HOME-DELIVERED MEALS THAT ARE LOW-SODIUM, LOW-FAT AND MEET AMERICAN HEART ASSOCIATION GUIDELINES

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

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

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

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

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

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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	SALARIES OF ALL OFFICERS AND KEY EMPLOYEES ARE ALIGNED WITH INDEPENDENT MARKET STUDIES THROUGH SULLIVAN, COTTER AND ASSOCIATES, INC , AN INDEPENDENT COMPENSATION CONSULTANT, AND DEEMED REASONABLE BASED ON THE EXPERTISE AND EXPERIENCE OF THE INDIVIDUALS THE SALARY FOR THE PRESIDENT AND CEO IS ESTABLISHED BASED ON THE EXECUTIVE COMMITTEE AND APPROVED BY THE BOARD OF DIRECTORS OTHER OFFICERS AND KEY EMPLOYEES SALARIES ARE ESTABLISHED BY THE PRESIDENT/CEO IN CONJUNCTION WITH THE INDEPENDENT SALARY SURVEY

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Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS ARE AVAILABLE THROUGH A REQUEST VIA MAIL OR E-MAIL, OR UPON VERBAL OR WRITTEN REQUEST AT THE FOUNDATION'S OFFICE IN ADDITION, THE FORM 990 AND THE AUDITED FINANCIAL STATEMENTS ARE POSTED ON THE ORGANIZATION'S WEBSITE AND EXTERNAL WEBSITES SUCH AS GUIDE STAR AND CHARITY NAVIGATOR

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Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN SPLIT INTEREST AGREEMENTS -372,947 UNCOLLECTIBLE PLEDGES -569,878

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

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Return Reference	Explanation
FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	MORTON PLANT MEASE HEALTH CARE FOUNDATION, INC PROVIDES PHILANTHROPIC SUPPORT TO THE NOT-FOR-PROFIT HOSPITALS OF MORTON PLANT MEASE HEALTH CARE, INCLUDING MORTON PLANT (CLEARWATER), MEASE DUNEDIN, (DUNEDIN), MEASE COUNTRYSIDE, (SAFETY HARBOR) AND MORTON PLANT NORTH BAY, (NEW PORT RICHEY) OVER THE PAST DECADE, FOUNDATION HAS GRANTED NEARLY $70 MILLION TO THE HOSPITALS OF MORTON PLANT MEASE FOR THE PURCHASE OF CUTTING-EDGE, LIFESAVING EQUIPMENT, STATE-OF-THE-ART FACILITIES, AND THE FUNDING OF INNOVATIVE PROGRAMS AND SERVICES THANKS TO OUR PHILANTHROPICALLY GENEROUS COMMUNITY, IN 2018 THE FOUNDATION GRANTED NEARLY $8 MILLION IN CASH FOR 35 PROGRAM GRANTS AND 22 CAPITAL GRANTS TO OUR HOSPITALS FOR THE FOLLOWING PROJECTS

Return Reference	Explanation
FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	EXPANDED DESCRIPTION OF GRANTS FROM 4A (ENHANCING CLINICAL CARE) FAMILY MEDICINE RESIDENC Y PROGRAM ($525,000) THE FAMILY MEDICINE RESIDENCY PROGRAM PROVIDES PHYSICIAN EDUCATION AN D CLINICAL TRAINING FOR 24 RESIDENTS OF THE USF MORSANI COLLEGE OF MEDICINE ADDITIONALLY, THE RESIDENCY, IN CONJUNCTION WITH OPERATIONS OF THE TURLEY FAMILY HEALTH CENTER, WILL SU PPORT 42,000 PATIENT VISITS PER YEAR, AS WELL AS LABORATORY, IMAGING AND SOCIAL SERVICES GRANT DOLLARS FUND CLINIC OPERATIONS, PHYSICIAN STAFFING, RESIDENCY ADMINISTRATION AND FAC ILITY EXPENSE ELEANOR THOMPSON NURSING SCHOOL ($156,576) NURSING ASSISTANTS ARE A VITAL M EMBER OF THE PATIENT CARE DELIVERY TEAM THEY PROVIDE DIRECT PATIENT CARE AND SPEND THE MA JORITY OF TIME IN DIRECT CONTACT WITH THE PATIENT AND FAMILY WITH THE CURRENT ECONOMIC SI TUATION, THERE IS NO LONGER A QUALITY NURSING ASSISTANT SCHOOL IN OUR SERVICE AREA THIS P ROGRAM HELPS TEACH OUR OWN NURSING ASSISTANTS AND PREPARE THEM FOR THE DR GEORGE MORRIS E ARN AS YOU LEARN RN PROGRAM DR GEORGE MORRIS EARN AS YOU LEARN NURSING PROGRAMS ($143,85 8) THE DR GEORGE MORRIS EARN AS YOU LEARN PROVIDES PARTICIPANTS INTERESTED IN BECOMING A NURSE THE OPPORTUNITY TO ATTEND COLLEGE AND WORK PART-TIME IN ONE OF OUR HOSPITALS THE PR OGRAM HELPS FOSTER THE GROWTH OF OUR TEAM MEMBERS TO ENTER OR ADVANCE IN THE NURSING PROFE SSION BY PROVIDING BOOKS AND ACCESS TO NEEDS-BASED FINANCIAL SCHOLARSHIPS SO THEY CAN BETT ER FOCUS ON SCHOOL WHILE CONTINUING TO SUPPORT THEIR FAMILIES FAMILY CARE FUND ($117,752) WHEN UNEXPECTED EMERGENCIES AND EVENTS OCCUR IN OUR LIVES, MEETING OUR EVERYDAY NEEDS AND RESPONSIBILITIES CAN BECOME DIFFICULT ASSISTANCE TO TEAM MEMBERS FACING THESE UNANTICIPA TED AND UNUSUAL SITUATIONS IS AVAILABLE THROUGH THE FAMILY CARE FUND THE FUND NEARLY 200 REQUESTS FOR ASSISTANCE AND PROVIDED OVER $117,000 TO TEAM MEMBERS WHO HAD NOWHERE ELSE TO TURN NAPPI TRAINING FOR EMERGENCY DEPARTMENT PERSONNEL ($60,000) WORKPLACE VIOLENCE IS O N THE RISE WITH PARTICULAR FOCUS AND INCREASING NUMBERS OCCURRING IN HEALTH CARE SETTING A ND EVEN MORE SPECIFICALLY, IN THE ED NURSES ARE TAKING THE BRUNT OF THIS ABUSE AND IT'S E STIMATED THAT MANY EVENTS GO UNREPORTED NAPPI (NON-ABUSIVE PSYCHOLOGICAL AND PHYSICAL INT ERVENTION) PROVIDES TRAUMA INFORMED CARE TECHNIQUES AIMED AT KEEPING PEOPLE SAFE EMOTIONAL LY, PHYSICALLY AND BY AVOIDING RE-TRAUMATIZATION AL EADDY FAMILY MEDICINE RESEARCH CENTER ($50,000) THIS GRANT PROMOTES RESEARCH BASED EDUCATION AND STRUCTURED CLINICAL STUDIES FO R THE FAMILY MEDICINE FACULTY AND RESIDENTS SCHOLARLY ACCOMPLISHMENTS PROVIDED THROUGH TH IS FUNDING DISTINGUISH OUR FACULTY AND RESIDENTS REGIONALLY AND NATIONALLY, AS WELL AS ENH ANCING THE QUALITY AND SCOPE OF PATIENT CARE IN OUR COMMUNITY GRANT DOLLARS OFFSET PHYSIC IAN SALARIES, DATA MANAGEMENT SUPPORT AND EDUCATION SUPPLIES WOW! AWARDS ($50,000) CELEBR ATED DURING NATIONAL NURSES WEEK AND HOSPITAL WEEK IN MAY, THE WOW! NURSING AND TEAM MEMBE R EXCELLENCE AWARDS HONORS OUR

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Return Reference	Explanation
FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	COMPASSIONATE NURSES AND TEAM MEMBERS WHO EXEMPLIFY OUTSTANDING CUSTOMER SERVICE, TEAMWOR K AND COMMITMENT TO EXCELLENCE WINNERS ARE NOMINATED BY FELLOW TEAM MEMBERS AND ARE SELEC TED BY A COMMITTEE COMPRISED OF A CROSS SECTION OF TEAM MEMBERS, INCLUDING LEADERSHIP AND PEERS LOIS ODENCE PLANTERS SCHOLARSHIPS ($37,500) IN 2001, THE LOIS ODENCE ENDOWMENT WAS ESTABLISHED WITH GIFTS MADE IN MEMORY OF MRS ODENCE, A PLANTERS FOUNDER, AND AN EMPHASIS ON NURSING BEGAN NURSING STUDENTS HAVE FINANCIAL NEEDS IN EXCESS OF THOSE PROVIDED BY TUI TION ASSISTANCE EACH YEAR, SCHOLARSHIPS ARE AWARDED TO NURSING STUDENTS AT THE HOSPITALS OF MORTON PLANT MEASE TO HELP DEFRAY EXPENSES BEYOND THEIR NURSING SCHOOL NEEDS TO DATE, MORE THAN $200,000 HAS BEEN GIVEN TO MORE THAN 100 DESERVING NURSING STUDENTS KATHERINE T SMITH SCHOLARSHIP ($36,000) THE HOSPITALS OF MPM PROVIDE SCHOLARSHIPS FOR REGISTERED NUR SES WHO ARE PURSUING A BACHELORS OR MASTER'S DEGREE IN NURSING MORTON PLANT MEASE NEEDS B ACCALAUREATE AND MASTERS PREPARED NURSES TO SERVE AS CLINICAL EXPERTS FOR STAFF AND TO DIR ECT CARE ALL GRANT DOLLARS GO TO FUNDING SCHOLARSHIPS VOLUNTEER NURSE PROGRAM ($31,791) PROVIDES A PATHWAY FOR RETIRED NURSES OR THOSE TAKING A BREAK IN THEIR CAREER TO STAY IN T HEIR PROFESSION AND CONTINUE THEIR PASSION FOR NURSING VOLUNTEER NURSES SERVE AS "AMBASSA DORS OF CARE" PROVIDING POSITIVE HOSPITAL EXPERIENCES FOR PATIENTS BY ASSISTING WITH MEALS , HYGIENE, PROCEDURES, COMFORT, DIVERSIONS, AND PATIENT EDUCATION GRANT DOLLARS FUND THE SALARY AND BENEFITS OF THE PART-TIME VOLUNTEER NURSE COORDINATOR JOAN CLOW SEMINAR FUND ($23,800) THE JOAN CLOW SEMINAR FUND PAYS FOR OUR NURSES TO ATTEND A NATIONAL CONFERENCE IN THEIR AREA OF SPECIALTY THE EVIDENCE-BASED KNOWLEDGE ACQUIRED AT THESE NATIONAL CONFEREN CES WILL ENHANCE PATIENT CARE AND WILL BE SHARED WITH OTHER NURSES IN THE PATIENT SERVICES DIVISION EACH NURSE IS REQUIRED TO WRITE AN ARTICLE FOR NURSES'S NOTES TO SHARE THEIR EX PERIENCE AND KNOWLEDGE WITH THEIR COLLEAGUES PEACE MEMORIAL JOSEPH CLAPP SCHOLARSHIP ($20 ,000) RESEARCH CONTINUES TO PROJECT THAT DESPITE THE CURRENT EASING OF THE NURSING SHORTAG E, DUE TO THE RECESSION, THE US NURSING SHORTAGE IS PROJECTED TO NEED 525,000 REPLACEMENTS NURSES IN THE WORKFORCE BRINGING THE TOTAL NUMBER OF JOB OPENINGS FOR NURSES DUE TO GROWT H AND REPLACEMENTS TO 1 05 MILLION BY 2022 "GROWING OUR OWN" WILL BE LESS EXPENSIVE IN TH E LONG RUN THE EAYL PROGRAM ALSO PRODUCES EMPLOYEE LOYALTY AND INCREASES RETENTION PHYSI CAL THERAPIST EARN AS YOU LEARN ASSISTANT ($15,500) THIS PROGRAM FUNDS SCHOLASTIC AND PRAC TICAL EDUCATION IN THE PHYSICAL THERAPY FIELD A PHYSICAL THERAPIST ASSISTANT (PTA) IS A L ICENSED PROFESSIONAL WITH AN ASSOCIATE OF SCIENCE DEGREE THE PTA EARN AS YOU LEARN PROGRA M ALLOWS THE PARTICIPANT TO ATTEND COLLEGE AND WORK PART-TIME AS A REHAB TECH TO OBTAIN TO TAL EARNINGS UP TO 40 HOURS PER WEEK DURING THE 2 YEAR PROGRAM GRANT DOLLARS FUND SCHOLAR SHIPS FOR TWO STUDENTS CHRIST

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FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	ENSEN FAMILY FOUNDATION SCHOLARSHIP ($10,000) THE DALE AND CAROLE CHRISTENSEN NURSING SCHOLARSHIP WAS ESTABLISHED BY THE CHRISTENSEN FAMILY FOUNDATION AS A WAY TO HONOR DALE WHO PA SSED AWAY FROM PROSTATE CANCER AT MEASE DUNEDIN HOSPITAL AS A WAY TO GIVE BACK, THE FAMIL Y ESTABLISHED THIS SCHOLARSHIP TO ASSIST TEAM MEMBERS WHO ARE PURSUING A NURSING CAREER OR ARE CURRENTLY STRIVING TO ADVANCE THEIR PROFESSIONAL EDUCATION ALL GRANT DOLLARS GO TO F UNDING SCHOLARSHIPS JERRY MASSEY SCHOLARSHIP ($10,000) GERALD C "JERRY" MASSEY DIED UNEX PECTEDLY ON MONDAY, JANUARY 25, 2016 JERRY WORKED FOR THE HEALTH SYSTEM FOR MORE THAN 30 YEARS JERRY WAS DEARLY LOVED AND RESPECTED BY ALL WHO KNEW HIM AND WILL BE DEEPLY MISSED BY THE MORTON PLANT MEASE FAMILY THE JERRY MASSEY SCHOLARSHIP FUND WILL PROVIDE SCHOLARSH IPS FOR GRADUATE STUDENTS IN HEALTH CARE ADMINISTRATION INTERNING IN ONE OF OUR MORTON PLA NT MEASE HOSPITALS

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FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	EXPANDED DESCRIPTION OF GRANTS FROM 4B (DISEASE SPECIFIC AND COMMUNITY OUTREACH) CANCER P ATIENT SUPPORT SERVICES / CAPSS ($300,000) CAPSS WAS DEVELOPED TO ADDRESS THE PSYCHOSOCIAL , EMOTIONAL AND SPIRITUAL NEEDS OF ALL CANCER PATIENTS, THEIR FAMILIES AND FRIENDS OVER 4 ,800 CANCER PATIENTS WERE SEEN IN MPM HEATH CARE FACILITIES IN 2016, AND SERVICES ARE PROV IDED AT NO CHARGE TO ANYONE IN THE COMMUNITY, REGARDLESS OF WHERE THEY RECEIVE THEIR TREAT MENT THE CAPSS TEAM INCLUDES LICENSED CLINICAL SOCIAL AND MENTAL HEALTH COUNSELORS AND A CASE MANAGER PALLIATIVE CARE SERVICES ($250,000) THIS PROGRAM OFFERS A HOLISTIC APPROACH TO RELIEVING THE PAIN, SUFFERING AND STRESS FOR PATIENTS EXPERIENCING CHRONIC ILLNESS WITH EMOTIONAL, PSYCHOSOCIAL AND SPIRITUAL SUPPORT THE FOCUS OF THIS APPROACH IS ON PROVIDING COMPASSIONATE, SPECIALIZED ATTENTION TO THE NEEDS OF PATIENTS AND THEIR FAMILIES IN ORDER TO MAKE THEIR REMAINING YEARS AS COMFORTABLE AS POSSIBLE GRANT DOLLARS HELP FUND THREE C HAPLAINS, FOUR LICENSED COUNSELORS AND ONE PART-TIME MASSAGE THERAPIST COMPREHENSIVE BREA ST HEALTH PROGRAM ($110,000) OUR HOSPITALS ARE COLLABORATING WITH THE MAMMOGRAPHY VOUCHER PROGRAM (MVP) TO PROVIDE 500 UNINSURED AND LOW-INCOME WOMEN WITH MAMMOGRAMS AND DIAGNOSTIC PROCEDURES WITHIN OUR HEALTH SYSTEM TO ENSURE THAT ANYONE DIAGNOSED WITH BREAST CANCER IS PROVIDED ACCESS TO TREATMENT THIS GRANT ALLOWS FOR A FULL-TIME BREAST NURSE NAVIGATOR, W HO PROVIDES EMOTIONAL SUPPORT FOR THE PATIENT AND FAMILY, COMMUNITY RESOURCE INFORMATION A ND HELPS INTERFACE WITH TREATMENT PROVIDERS FOR SUCCESSFUL OUTCOMES MADONNA PTAK CENTER F OR ALZHEIMER'S RESEARCH AND MEMORY DISORDERS ($104,250) THE MADONNA PTAK CENTER FOR ALZHEI MER'S AND MEMORY LOSS IS DEDICATED TO QUALITY OF LIFE ISSUES FOR FAMILIES LIVING WITH ALZH EIMER'S DISEASE AND OTHER MEMORY LOSS CONDITIONS GRANT DOLLARS FUND DRIVEABLE, RESPITE CA RE, MEMORY FIT TRAINING, TRANSPORTATION ASSISTANCE, MEDICATION ASSISTANCE, WANDERING PREVE NTION ASSISTANCE, EDUCATION MATERIALS, AND THE MEDICAL DIRECTOR POWER PROGRAM ($59,000) T HIS SPECIALLY DESIGNED PROGRAM FOR OUR BREAST CANCER PATIENTS HELPS TO GUIDE AND SUPPORT E ACH WOMAN THROUGH HER JOURNEY BY INTEGRATING PHYSICAL ACTIVITY, PROPER NUTRITION AND EMOTI ONAL SUPPORT INTO ONE'S LIFESTYLE SURVIVORS ENGAGED IN AN EXERCISE PROGRAM HAVE A 40% LES S CHANCE OF RE-OCCURRENCE THAN THOSE WHO DO NOT ENGAGE IN A PROGRAM GRANT DOLLARS HELP FU ND PERSONAL TRAINING SESSIONS, YOGA CLASSES AND ADMINISTRATIVE HOURS RADIATION ONCOLOGY R ESEARCH ($50,000) MORTON PLANT HOSPITAL CURRENTLY HAS TWO MAJOR BREAST CANCER CLINICAL DAT ABASES THAT REQUIRE "MINING" THE HOSPITAL MAINTAINS ONE OF THE LARGEST SINGLE INSTITUTION DATABASES IN THE US AND OVER 10 YEARS WORTH OF LONG TERM FOLLOW-UP NEEDS TO BE ABSTRACTED FROM PATIENT RECORDS THE LEVEL OF TIME AND EFFORT THAT WARRANT A COMPREHENSIVE UPDATE OF THE CLINICAL DATA AND OUTCOME OF THESE PATIENTS JUSTIFY THE CREATION OF A RESEARCH ASSIST ANT POSITION CAMP LIVING SPRI

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Return Reference	Explanation
FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	NGS CANCER SURVIVOR RETREAT ($46,030) CAMP LIVING SPRINGS PROMOTES CAMARADERIE, RELAXATIO N AND SHARED EXPERIENCES WHILE NURTURING THE SPIRIT OF THOSE TOUCHED BY CANCER THIS ONEOF AKIND, THREEDAY CAMPING EXPERIENCE FOR ADULT CANCER SURVIVORS IS OFFERED AT NO COST TO 90 PARTICIPANTS EACH YEAR AND STAFFED WITH VOLUNTEERS, NURSES, AND COUNSELORS WHO DONATE THEI R TIME GLADYS DOUGLAS FOREVER FIT ($43,000) THE FOREVER FIT PROGRAM IS A SUPERVISED, PERS ONALIZED EXERCISE PROGRAM FOR INDIVIDUALS WHO NEED A FITNESS PROGRAM BASED ON CARDIOVASCUL AR, STRENGTH, BALANCE AND AGILITY IMPROVEMENT, AS WELL AS FALL PREVENTION THE PROGRAM IS DESIGNED TO HELP THE PARTICIPANT BEGIN OR CONTINUE A FITNESS PROGRAM AND GIVE THEM THE TOO LS AND SKILLS TO TRANSITION INTO EXERCISING INDEPENDENTLY MAMMOGRAPHY VOUCHER PROGRAM ($4 0,000) COMMUNITY BREAST HEALTH SERVICES PROGRAM SERVING UNINSURED AND LOW-INCOME WOMEN WIT H ACCESS TO CLINICAL BREAST EXAMS, SCREENING AND DIAGNOSTIC MAMMOGRAMS, BREAST ULTRASOUND, MRIS, FINE NEEDLE ASPIRATIONS, IMAGEGUIDED AND SURGICAL BIOPSIES, SURGICAL CONSULTATIONS, AND TREATMENT BABY BOOKS FOR MORTON PLANT HOSPITAL NEWBORNS ($30,000) IN KEEPING WITH TH E HOSPITAL'S MOTHER AND BABY UNIT THEME "THIS IS WHERE YOUR STORY BEGINS" THIS GRANT HELPE D FUND NEW, HARDCOVER BABY BOOKS TO FAMILIES WHO JUST HAD A BABY BORN IN THE HOSPITAL PRO STATE CANCER PROGRAM ($25,000) PROSTATE CANCER IS THE MOST COMMONLY DIAGNOSED MALIGNANCY I N MEN IN THE US AFRICAN-AMERICAN MEN HAVE A 60% HIGHER RATE OF BEING DIAGNOSED AND A 50% GREATER CHANCE OF DYING FROM THIS DISEASE THIS GRANT WILL PROVIDE FUNDING FOR COMMUNITY O UTREACH, DIAGNOSIS, TREATMENT AND COUNSELING SERVICES FOR UNDERSERVED MEN THROUGHOUT THE M PM HEALTH SYSTEM OVARIAN CANCER CHARITY CARE ($25,000) MANY OVARIAN CANCER PATIENTS ARE U NFUNDED OR UNDERFUNDED AND REQUIRE CHARITY CARE DURING THE DURATION OF THEIR CANCER TREATM ENTS TO ASSIST WITH THIS, THIS GRANT WILL HELP OFFSET THE COST OF THE COUNSELORS AND NAVI GATORS IN THE CANCER PATIENT SUPPORT SERVICES (CAPSS) PROGRAM THAT ALSO HELP THESE WOMEN T HROUGH THEIR CANCER JOURNEY INDIGENT PRESCRIPTION PROGRAM ($25,000) AS A MEDICARE LICENSE D HEALTH CARE SYSTEM, WE ARE REQUIRED TO PROVIDE AN APPROPRIATE, SAFE DISCHARGE FOR ALL PA TIENTS IN ALL OF OUR FACILITIES, REGARDLESS OF PAYER SOURCE OR AVAILABLE RESOURCES THIS G RANT ALLOWS US TO SAFELY TRANSITION THE PATIENT INTO THE COMMUNITY GRANT DOLLARS HELP FUN D WOUND VACS, PRESCRIPTION DRUGS, HOME HEALTH SERVICES, LOCAL TRANSPORTATION, AND MEDICAL LIFE VESTS AND EQUIPMENT NEUROPLASTHETICS PROGRAM ($10,950) THE ESTIMATED PREVALENCE OF D EMENTIA AMONG PERSONS OLDER THAN 70 YEARS IN THE US IS 15% THE GOAL OF THIS TRAINING PROG RAM IS TO DRIVE BRAIN PLASTICITY WITH POSITIVE OUTCOMES REQUIRES ENGAGING OLDER ADULTS IN DEMANDING SENSORY, COGNITIVE, AND MOTOR ACTIVITIES ON AN INTENSIVE BASIS, IN A BEHAVIORAL CONTEXT DESIGNED TO RE-ENGAGE AND STRENGTHEN THE NEUROMODULATORY SYSTEMS THAT CONTROL LEAR NING

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FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	EXPANDED DESCRIPTION OF GRANTS FROM 4C (CAPITAL GRANTS) MORTON PLANT MEASE HEALTH CARE FO UNDATION PROVIDES THE HOSPITALS WITH A VARIETY OF CAPITAL FUNDS TO SUPPORT INNOVATIVE MEDI CAL TECHNOLOGIES AND FACILITY UPGRADES IN 2018, THESE CAPITAL FUNDS PURCHASED THE FOLLOWI NG MORGAN HEART HOSPITAL ($2,986,872) THANKS TO OVERWHELMING SUPPORT FOR THE MORGAN HEART HOSPITAL COMMUNITY CHALLENGE, THE FOUNDATION FUNDED SEVERAL GRANTS FOR MORGAN HEART HOSPI TAL, INCLUDING FUNDING TO RENOVATE THE HOSPITAL'S ELECTROPHYSIOLOGY LAB, PURCHASE A PORTAB LE POINT OF CARE ULTRASOUND, NEW CARDIAC MONITORS AND SURGICAL LIGHTNING UPGRADES MORTON PLANT NORTH BAY ULTRASOUND AND READING ROOM ($750,000) MORTON PLANT NORTH BAY PREVIOUSLY H AD TWO ULTRASOUND MACHINES AND ONE ULTRASOUND ROOM THE SECOND MACHINE WAS EITHER MOVING T HROUGH THE HOSPITAL TO PERFORM PORTABLE EXAMS OR EXAMS IN THE HOLDING AREA BEHIND A CURTAI N FOR MANY EXAMS, THIS LACK OF PRIVACY PROHIBITED THE EXAM FROM BEING PERFORMED THIS GRA NT SUPPORTED THE CONSTRUCTION TO MOVE THE RADIOLOGIST READING ROOM TO ALLOW SPACE FOR TWO RADIOLOGISTS TO INTERPRET STUDIES TRU-D SMARTUV DISINFECTION TECHNOLOGY ($501,000) FUNDED A TOTAL OF SIX TRU-D SYSTEMS FOR OUR HOSPITAL'S OPERATING ROOMS AND REHAB CENTER TO HELP KILL DEADLY PATHOGENS AND COMMON HEALTH CARE-ASSOCIATED INFECTION CULPRITS TRU-D IS A POR TABLE UV DISINFECTION SYSTEM THAT DELIVERS AN AUTOMATED, MEASURED DOSE OF UVC LIGHT TO DIS INFECT AN ENTIRE ROOM DURING A SINGLE CYCLE OPERATING FROM A SINGLE POSITION IN THE ROOM, TRU-D ENSURES SIGNIFICANT PATHOGEN REDUCTION IN DIRECT AND SHADOWED AREAS BEHAVIORAL HEA LTH FURNITURE ($332,317) THREE DIFFERENT GRANTS HELPED TRANSFORM THE FURNITURE AND SPACE A T THE NORTH BAY RECOVERY CENTER, A 72-BED NON-HOSPITAL BASED INPATIENT PSYCHIATRIC FACILIT Y, MEASE DUNEDIN'S 32-BED UNIT THAT PROVIDES PSYCHIATRIC INPATIENT SERVICES, AND OUTDOOR S EATING, TABLES AND MURAL AT MORTON PLANT HOSPITAL THESE GRANTS WILL ENHANCE THE MENTAL, P HYSICAL AND SPIRITUAL HEALING PROCESS FOR OUR PATIENTS MRI AT MORTON PLANT NORTH BAY HOSP ITAL ($250,000) GRANT TO MORTON PLANT NORTH BAY HOSPITAL HELPED PURCHASE A NEW MAGNETIC RE SONANCE IMAGING (MRI) THAT PRODUCES HIGHER QUALITY, HIGHER RESOLUTION IMAGES FOR DOCTORS, THANKS TO ITS MORE POWERFUL MAGNET THE NEW MRI ALSO HAS A LARGER BORE, ALLOWING LARGER PA TIENTS TO RECEIVE TESTING AND NOT HAVE TO BE TRANSFERRED MADONNA PTAK REHAB KITCHEN RENOV ATION ($152,160) THIS GRANT HELPED RENOVATE MADONNA PTAK REHAB'S KITCHEN, WHICH WAS 25 YEA RS OLD AND IN NEED OF NEW EQUIPMENT AND RE-DESIGN PATIENTS AT THE REHAB CENTER EXPERIENCE AN AVERAGE LENGTH OF STAY OF 19 DAYS TO ENSURE QUALITY FOOD SERVICE AND SAFER FOOD PREPA RATION, THIS GRANT HELPED REPLACE TABLES, REFRIGERATORS, OVENS, DISH WASHING CONVEYOR BELT SYSTEM, NEW FLOORING, ETC ENHANCE NOVADAQ ENDOSCOPIC FLUORESCENCE IMAGING SYSTEM ($147,0 00) FLUORESCENCE IMAGING TECHNOLOGY IS BECOMING STANDARD OF CARE TO ASSIST THE SURGEON IN VALIDATING PERFUSION IN COLORE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	CTAL, ESOPHAGEAL AND BARIATRIC SURGERIES IMAGING SYSTEM PROVIDES REAL-TIME, TRUE HD WHITE LIGHT AND ON-DEMAND HD FLUORESCENCE IMAGING THROUGH A LAPAROSCOPE, ENABLING SURGEONS TO V ISUALIZE TISSUE PERFUSION AND ANATOMICAL STRUCTURES DURING MINIMALLY INVASIVE PROCEDURES OB BIRTHING SIMULATOR ($95,741) AS PART OF THE WEISS FAMILY MEMORIAL CHALLENGE, COMMUNITY SUPPORT HELPED GRANT AN ADVANCED BIRTHING SIMULATOR TO TRAIN OUR NURSES PRACTICE RESPONDIN G TO CHILDBIRTH COMPLICATIONS AND LIFE-THREATENING EMERGENCIES THE SIMULATOR FEATURES INT ERACTIVE EYES, PROGRAMMABLE BREATHING AND TRUE-TO-LIFE SHOULDER DYSTOCIA, BREECH, AND C-SE CTION DELIVERIES VOLUNTEER RESOURCES CARELIFT AND CARERIDE REPLACEMENTS ($92,545) THROUG H A GRANT TO THE HOSPITALS OF MPM, TWO NEW VANS WERE PURCHASED FOR VOLUNTEER RESOURCES SO THAT THEY COULD CONTINUE THEIR SERVICE OF OFFERING FREE RIDES TO AND FROM MEDICAL APPOINTM ENTS THROUGH OUR VAN TRANSPORTATION SERVICES TRANSPORTATION SERVICES CAN LITERALLY BE A L IFELINE FOR PATIENTS WHO MIGHT NOT OTHERWISE FOLLOW THROUGH WITH MEDICAL APPOINTMENTS AND THERAPY TREATMENTS MEASE COUNTRYSIDE NICU GIRAFFE OMNIBED ($81,823) THESE BEDS SIMPLIFY C ARE WITH A FULL-FEATURED INCUBATOR AND A RADIANT WARMER IN A SINGLE PRODUCT AND HELP REDUC E STRESS TO THE NEWBORN BY PROVIDING A WARM, QUIET PLACE TO HEAL STRESS ON THE INFANT, ST AFF, AND FAMILY MEMBERS IS REDUCED BY ELIMINATING THE NEED TO TRANSFER THE BABY BETWEEN IN CUBATORS AND WARMERS MADONNA PTAK REHAB LOBBY RENOVATION ($40,000) THE REHAB CENTER AT MO RTON PLANT'S 120-BED FACILITY OFFERS PHYSICAL, OCCUPATIONAL, SPEECH AND RECREATIONAL THERA PY ALONG WITH SKILLED NURSING, WOUND CARE, PAIN MANAGEMENT AND MANY OTHER SERVICES FOUNDA TION DONORS CAME TOGETHER TO DONATE FUNDS TO HELP RENOVATE THE CENTER'S RECEPTION LOBBY WI TH AN UPDATED LOOK NURSING EDUCATION EQUIPMENT ($14,238) DEFIBRILLATORS AND EKG RHYTHM SI MULATORS WERE GRANTED TO THE SALLY L BAILEY NURSING EDUCATION CENTER ON THE MEASE DUNEDIN HOSPITAL TO HELP TRAIN NURSING STUDENTS AND BUILD CONFIDENCE ON ESSENTIAL HOSPITAL EQUIPM ENT MEASE DUNEDIN EXPANSION FOR SIMLAB ($14,000) AS PART OF THE FOUNDATION'S NURSING EXCE LLENCE CAMPAIGN, THIS GRANT RENOVATED SPACE TO BEGIN THE PROCESS OF BUILDING A SIMULATION LAB INSIDE THE SALLY L BAILEY NURSING EDUCATION CENTER IN AN EFFORT TO ENHANCE NURSING KN OWLEDGE, SKILLS AND ABILITIES TO PROVIDE SAFE, QUALITY CARE MEASE COUNTRYSIDE PEDIATRIC E MERGENCY DEPARTMENT SENSORY EQUIPMENT ($12,180) THIS GRANT PROVIDED CHILDREN IN MEASE COUN TRYSIDE'S EMERGENCY DEPARTMENT WITH A SENSORY CART AND CALMING CEILING TILES MORE SUITABLE FOR PEDIATRIC PATIENTS WITH SENSORY ISSUES THESE ITEMS WILL BETTER SERVE PATIENTS WITH S ENSORY ISSUES, DEVELOPMENTAL DELAYS, AND THOSE WITH AUTISM SPECTRUM DISORDER

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MORTON PLANT MEASE HEALTH CARE FOUNDATION INC

Employer identification number
59-1751535

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation