•								19/6	2	
≯,	Form	990-T		Exempt Orga (a tendar year 2019 or other tax ye	nd proxy tax und			Tax Return	۱ ۱	2019
	Dapar	tmant of the Treasury		► Go to www	.lrs.gov/Form990T for i		ons and the latest info		—·	
		Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).								Open to Public Inspection for 501(c)(3) Organizations Only over Identification number
	A L	Check box if address changed		Name of organization (L	Check box if name (cnangeo	i and see instructions.)	(Emp	loyees' trust, see actions.)
	B E	kempt under section	Print	MORTON PLANT MEA	SE HEALTH SERVIC	ES,_I	NC.			59-2600684
	X] 501(c)(3 (7); 4] 408(e) [] 220(e)	or Type	Number, street, and room	n or suite no. If a P.O. bo	x, see i	nstructions.			isted business activity code Instructions.)
]408(e) []220(e) /]408A []530(a)]529(a)		City or town, state or pro		or foreig	n postal code	 	5259	90
	C Bo	ok value of all assets and of year		F Group exemption num		· ▶				
		51,486,		<u>, , , , , , , , , , , , , , , , , , , </u>						Other trust
			•	ition's unrelated trades or i Estment in Baycare	: —	MERC		ibe the only (or first) u		
5				ice at the end of the previo				one, complete Parts I-V. Jule M for each addition		
39		siness, then complete f		·						
ENVELOPE POSTMARK DATE				poration a subsidiary in an	_	nt-subs	idiary controlled group	? STMT 2 ▶	X Y	es No
				tifying number of the parer	it corporation.		Tal	sahara aumbas N. 7	27 02	
¥		e books are in care of Unrelated		de or Business Inc	ome		(A) Income	phone number > 7		(C) Net
		Gross receipts or sales				T	(vy mount	(5) 2.40.00	<u> </u>	
OCT		Less returns and allow			c Balance	1c				
ಲ	2	Cost of goods sold (Se	chedule	A, line 7)		2				
0	3	Gross profit. Subtract		• • • • • •		3		4		
2020				ch Schedule D)		4a			-/-	
20				Part II, line 17) (attach Form		4b		 		<u> </u>
	. C	Capital loss deduction	on trus	sts		4c 5	2,31	7. STAT 1		2,317.
	C A			ship or an S corporation (a		6	2,31	,,,		<u> </u>
רכ	7			me (Schedule E)		7				
Received	8			ind rents from a controlled		\vdash				
ec ec	8	Investment income of	a section	on 501(c)(7), (9), or (17) o	rganization (Schedule G)	9				
ğğ.	10	Exploited exempt activ	vity inco	ome (Schedule I)		10				
	11	Advertising income (S		,		11	/			
\$ 5	12	-		ns; attach schedule) 🚬 🗀		12				
\(\hat{N}\)		Total. Combine lines N Deduction	3 throu	gh 12		13	2,31			2,317.
ĕU	79	(Deductions	must b	ot Taken Elsewher be directly connected w				S.)		
	14			rectors, and trustees (Scho		WE	Diol		14	
-	15	Salaries and wages	10013, UI	1001013, 2110 11 031003 (00110	RECE		~~\%\~\C	5 30 XXX	15	
<u> </u>	16	Repairs and maintena	ance .		1		020 6 1 C		16	
_	17	Bad debts		·	NON	رورا			17	
	18	Interest (attach sche	dule) (s	ee instructions)			L		18_	
	19	Taxes and licenses		/	/ J. O.G.	DEI	<u> </u>		19	800.
^	20	Depreciation (attach			4 00				 	
)	21	' - '	nimed of	n Schedule A and elsewher	e on return		21a		21b	
	22 23	Depletion		managation plane		•	• • • • • • • • • • • • • • • • • • • •		22	
•	24	Employee benefit pro		mpensation plans					24	
	25	Excess exempt exper			• • •				25	
	26	Excess readership co							26	
	27	Other deductions (att	tach sch	nedule)			Day 1	\	27	
	28			14 through 27				.l.,/	23	800.
	29	/		ncome before net operating					49	1,517.
	30		erating l	loss arising in tax years be	ginning on or after Janua	ary 1, 20	118	·		
_	/	(see instructions)						· · · · · · · /s	80	1,517.
	<u>81</u>			ncome. Subtract line 30 fro			<u> </u>	77 11) <u>81</u>	Form 990-T (2019)
	9 2370	1 01-27-20 LMA FO	ır rapel	work Reduction Act Notice	:, 866 เกร นานตนเดก 8. 1		4	1/-11	1	ruini saani (kiria) 2
094	410	007 150919	770	2AG	2019	.04	030 MORTØN	PLANT MEA	SB H	BALTH 7702AG

i	Form 99	10 _k T (2019)	MORTON PLANT MEASE HEALTH SERVICES, INC.	59-2600684	۱ ۱	Page 2
M	Par		Total Unrelated Business Taxable Income			
W	32		unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	1,	517.
۲.`	83		s paid for disallowed fringes	38		
	34		le contributions (see instructions for limitation rules)	34		0.
	85		related business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the aum of lines 32 and 33	·	1,	517.
	36		on for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36		
	37		unrelated business taxable income before specific deduction. Subtract line 36 from line 35	·· ————	1.	517.
	38		deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38		000.
	39		the business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,			
	35		the smaller of zero or line 37	1 49		517.
N	Par		Tax Computation		-	
\\'	40	$\overline{}$	rations Taxable as Corporations. Multiply line 39 by 21% (0.21)	▶ 48		109.
ン	41	-	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:			
	41			. 		
	42	Brown 8	ax rate schedule or Schedule D (Form 1041)	16		
	43	110471	tive minimum tax (trusts only)	1		
			Noncompliant Facility Income. See instructions	44		
	44		Add lines 42, 43, and 44 to fine 40 or 41, whichever applies	45		109.
0			Tax and Payments	133		
(//)	_	_	tak credit (corporations attach Form 1118; trusts attach Form 1116)			
()	/ 10 0	Other	Legits (see instructions)	-		
		Genera	business credit. Attach Form 3800 46b			
	d	Credit 1	or prior year minimum tax (attach Form 8801 or 8827)	 		
	_	Total c	redits. Add lines 46a through 46d	48c		
	47		at line 46e from line 45	47		109.
	48	Other to	exes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (ettach schedul			
	49		ax. Add lines 47 and 48 (see instructions)	1 49		109.
	50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	المعال		0.
				6.		
				0.		
			posited with Form 8868 5tc	7		
	Ž	, Tax Co, 1 Foreign	organizations; Tax paid or withheld at source (see instructions) 58d			
			withholding (see instructions) 51e			
			for small employer health insurance premiums (attach Form 8941)			
			redits, adjustments, and payments: Form 2439			
	•		orm 4136			
	52		ayments. Add lines 51a through 51g	62	1,	116.
	53		led tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲	53		
	54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	▶ 54		
	\55		wment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	▶ \$5	1,	007.
11	36	Enter t	ne amount of line 55 you want: Credited to 2020 estimated tax	▶ 56		0.
'	Pat	t VI	Statements Regarding Certain Activities and Other Information (see instructions)			
	57	At any	time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	·	Yes	No
		over a	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		i	
		FinCEN	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
		here	>			X
	58	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			Х
			see instructions for other forms the organization may have to file.			
	59		he amount of tax-exempt interest received or accrued during the tax year 🕒 S			
	۵.		ndor penalties of perjury, I declare that I have examined this return, including accompanying schedules and statoments, and to the best of my kix proof, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	wiedge and belief, it is true	•	
	Sign	•	artos, arto compresa de caracterior y properar (orman una resperyor) a basso ori en arronnamento in miner propera di massary minerales.	May the IRS discuss this	return e	dth
	Hen	₽	10/28/20 cFo	the preparer shown below		_
			Signature of officer Date Title	instructions)? X Ye	8	No
			Primt/Type preparer's name Preparer's signature Date Check	if PTIN		
	Pai	d	Brithan Koraj 10/16/2020 self- employ			
		parer	BRITTNEY KOCAJ	P01320603		
		e Only	Firm's name ► CROWE LLP Firm's EIN	35-09216	80	
		•	401 EAST LAS OLAS BLVD, SUITE 1100			
			Firm's address FORT LAUDERDALE, FL 33301-4230 Phone no.	(954) 202-8600	_	
	923711	01-27-20		Form 9 \$	7U-T	(2019)

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A	Yes No
2 Purchases 3 Cost of abor 4 Additional section 263A costs (attach schedule) 4 Additional section 263A costs (attach schedule) 5 Other costs (attach schedule) 5 Total. Add lines I through 4b 6 Prom Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property is more than 10% but not more than 50% (a) From real and personal property acted 50% or if the percentage of rent for personal property is more than 10% but not more than 50% (b) From real and personal property acted 50% or if the rent is based on profit or income) (a) From personal property is more than 10% but not more than 50% (c) Total deductions. (b) From real and personal property acted 50% or if the rent is based on profit or income) (c) Total Income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) (c) Total Income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 2. Geoss income from or allocable to dobtinate and on page 1, Part I, line 6, column (A) (d) Schedule E - Unrelated Debt-Financed Income (e) Schedule E - Unrelated Debt-Financed Income (a) Straight this depreciation (a) Schedule) (b) Straight this depreciation (a) Schedule) (c) Straight this depreciation (a) Schedule) (d) Straight this depreciation (a) Schedule)	Name in
3 Cost of labor 4 Additional section 263A costs (attach schedule) 4 Do ther costs (attach schedule) 5 Total. Add lines 1 through 4b 6 Total. Add lines 1 through 4b 7 Total. Add lines 1 through 4b 7 Total. Add lines 1 through 4b 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (1) (2) (3) (4) (4) (5) (6) (6) (7) (6) (6) (6) (6) (6) (6) (7) (6) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Name in
4a Additional section 263A costs (etatch schedule) 4a	Name in
(attach schedule) b Other costs (attach schedule) 5 Total. Add lines 1 through 4b 6 Total. Add lines 1 through 4b 6 Total. Add lines 1 through 4b 7 Total. Tota	Name in
b Other costs (attach schedule) 5 Total. Add lines 1 through 4b 5 Total Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (1) (2) (3) (4) 2. Rent read-lived or accrued (b) From real and personal property (if the percentage of rent for personal property if the percentage of rent for personal property if the percentage of rent for personal property (if the percentage of rent for personal property (if the percentage of rent for personal property if the percentage of rent for personal property if the percentage of rent for personal property (if the percentage of rent for personal property (if the percentage of rent for personal property if the percentage of rent for personal property (if the percentage of rent for personal prop	a Income in
State Add lines 1 through 4b S the organization?	a Income in
(a) From personal property (if the percentage of rent for personal property exceeds 50% or if 10% but not more than 50%) (a) From personal property (if the percentage of rent for it is personal property (if the percentage of rent for personal property (if the percentage of rent for it is personal property (if the percentage of rent for it is personal property (if the percentage of rent for it is personal property (if the percentage of rent for it is personal property (if the percentage of rent for it is personal property (if the percentage of rent for it is personal property (if the percentage of rent for it is personal property (if the percentage of rent for it is personal property (if the percentage of rent for it is personal property (if the percentage of rent for it is personal property (if the percentage	income in
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(attach schedule) (ettach schedule)	daduations
	schedule)
(2)	
(3)	•
(4)	
debt on or allocable to debt-financed of or allocable to by column 6 reportable (column (column 6 x	ble deductions total of columns and 9(b))
(1) %	
(2) %	
(3) %	
(4) %	-
Enter here and on page 1, Enter here a	
Totals	ind on page 1, 7, column (8)

_	1		Exer	npt Controlled	Organizati	ons			
Name of controlled organizat	tion	2. Emp identific numb	oloyer 3. N	et unrelated income s) (see instructions)	4. Tot	al of specified ments made	5. Part of column included in the organization's g	controlling !	6. Deductions directly connected with income in column 5
(1)		-			 -	• =		=	
(2)									1
(3)			_ ,						
(4) -				-					
Nonexempt Controlled Organi	ızatıons								
7. Taxable Income		related income se instructions		Total of specified pa made	yments	10, Part of column the controllingross	mn 9 that is inclu ng organization's s income	11.	Deductions directly connected with income in column 10
(1)				No.	-				
(2)	ļ							1	
(3)	1					·			-4-
(4).						_			
						Enter hare and	nns 5 and 10 on page 1, Part I column (A).	, Ent	Add columns 6 and 11 or here and on page 1, Part I, line 8, column (B).
Totals	*****				<u>'</u>			0.	0
Schedule G - Investme		ne of a S	ection 501	c)(7), (9), or	(17) Org	ganization	•		- •
(see inst	ructions)								
1. Desc	cription of incor	ne	·····	2. Amount	of Income	8. Deduction directly connect (attach sched	cted 4	Set-esides ach achadul	5, Total deductions and set-asides (col 3 plus col. 4)
(1)_									
(2)									
(3)									
(4)		·	_	Enter here an				<u> </u>	
				Part I, line 9,	oolumn (A).				Enter here and on page Part i, line 9, column (B).
	Exempt	Activity	Income, Ot	Part I, line 9,	oolumn (A).	g Income			
	Exempt	Activity	Income, Ot	Part I, line 9,	oolumn (A).				Part i, tine 9, column (B).
Schedule I - Exploited	Exempt uctions) 2. Gunrelated	Activity	3. Expenses directly connect with production of urrelated business incom	Part I, line 8, her Than Ac 4. Net Incommended business communes columns col	O. Vertisin ome (loss) ed trade or solumn 2 mn 3) If e ute cots, 6		hat et	. Expenses tributable to column 6	Part i, tine 9, column (B).
Schedule I - Exploited (see instri	Exempt uctions) 2. Gunrelated income	Activity	3. Expenses directly connect with production of unrelated	Part I, line 8, her Than Ac 4. Net Inc from unrelat business (minus colu gam, comp	O. Vertisin ome (loss) ed trade or solumn 2 mn 3) If e ute cots, 6	5. Gross inco from activity is not unrelated	hat et	tributable to	7. Excess exempt expenses (column 6 minus column 6 but not more than
Schedule I - Exploited (see instri 1. Description of exploited activity	Exempt uctions) 2. Gunrelated income	Activity	3. Expenses directly connect with production of unrelated	Part I, line 8, her Than Ac 4. Net Inc from unrelat business (minus colu gam, comp	O. Vertisin ome (loss) ed trade or solumn 2 mn 3) If e ute cots, 6	5. Gross inco from activity is not unrelated	hat et	tributable to	7. Excess exempt expenses (column 6 minus column 6 but not more than
Schedule I - Exploited (see instri	Exempt uctions) 2. Gunrelated income	Activity	3. Expenses directly connect with production of unrelated	Part I, line 8, her Than Ac 4. Net Inc from unrelat business (minus colu gam, comp	O. Vertisin ome (loss) ed trade or solumn 2 mn 3) If e ute cots, 6	5. Gross inco from activity is not unrelated	hat et	tributable to	7. Excess exempt expenses (column 6 minus column 6 but not more than
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Schedule I - Exploited (see instruction of exploited activity) (1) (2) (3) (4)	Exempt uctions) 2. G unrelated hncom trade or i Enter her page 1 line 10,	Activity ross business e from business e and on Part I, ool (A)	3. Expenses directly connect with production of unrelated business incom	Part I, line 8, her Than Ac 4. Net Ince from unrelate business (minus colu gam, comp through	O. Vertisin ome (loss) ed trade or solumn 2 mn 3) If e ute cots, 6	5. Gross inco from activity is not unrelated	hat et	tributable to	7. Excess exempt expenses (column 6), but not more than column 4).
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Form 990-T (2019) MORTON PLANT MEASE HEALTH SERVICES, INC. 59-2600684

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	8. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col 3) If a gain, compute cols. 6 through 7	5. Circulation income	6. Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)				1	!	·
(2)	-	-				
(3)					, 1	-
(4)					ı	ŀ
Totals from Part I	0.	_ 0.	1 4 1	1, 1	· ·	0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B).			ر که ۱۹۳۰ این	Enter here and on page 1, Part II, line 26
Fotals, Part II (lines 1-5)	0.	O.	· · · · · · · · · · · · · · · · · · ·			0;

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		1 %	
(2)		%	
(3)		%	
(4)		. %	<u> </u>
Total. Enter here and on page 1. Part II, line 14		•	0.

Form 980-T (2019)

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION	*	NET INCOME OR (LOSS)
INVESTMENT I BUSINESS INC	N BAYCARE PURCHASING PARTNERS, LLC - ORDINARY OME (L	2,317
TOTAL INCLUD	ED ON FORM 990-T, PAGE 1, LINE 5	2,317
FORM 990-T	PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER	STATEMENT 2
CORPORATION'	S NAME	IDENTIFYING NO
MORTON PLANT	MEASE HEALTH CARE, INC	59-2374556