

EXTENDED TO NOVEMBER 15, 2023
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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.

2022

Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

A For the 2022 calendar year, or tax year beginning and ending																										
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization MORTON PLANT MEASE HEALTH CARE FOUNDATION, INC.</td> <td>D Employer identification number 59-1751535</td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="2">E Telephone number (727) 462-7036</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">1200 DRUID ROAD SOUTH</td> <td rowspan="2">G Gross receipts \$ 46,370,211.</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code CLEARWATER, FL 33756</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: ERNESTINE MORGAN, CFRE SAME AS C ABOVE</td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2">J Website: WWW.MPMF.ORG</td> <td>H(c) Group exemption number</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td> <td>L Year of formation: 1977 M State of legal domicile: FL</td> </tr> </table>	C Name of organization MORTON PLANT MEASE HEALTH CARE FOUNDATION, INC.		D Employer identification number 59-1751535	Doing business as		E Telephone number (727) 462-7036	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	1200 DRUID ROAD SOUTH		G Gross receipts \$ 46,370,211.	City or town, state or province, country, and ZIP or foreign postal code CLEARWATER, FL 33756		F Name and address of principal officer: ERNESTINE MORGAN, CFRE SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	J Website: WWW.MPMF.ORG		H(c) Group exemption number	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1977 M State of legal domicile: FL
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Part I Summary

	1	Briefly describe the organization's mission or most significant activities: RAISING PHILANTHROPIC SUPPORT FOR PROGRAMS AT FOUR HOSPITALS OF MORTON PLANT MEASE HEALTH CARE.			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	25	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24	
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	0	
	6	Total number of volunteers (estimate if necessary)	6	112	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	15,490,066.	5,844,848.
9		Program service revenue (Part VIII, line 2g)	0.	0.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,263,168.	833,365.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-151,195.	-179,599.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,602,039.	6,498,614.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,226,176.	16,475,427.
		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)	1,428,871.	1,595,118.
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
		b	Total fundraising expenses (Part IX, column (D), line 25)	1,378,846.	
		17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,006,853.	1,074,752.
		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,661,900.	19,145,297.
	19	Revenue less expenses. Subtract line 18 from line 12	11,940,139.	-12,646,683.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	141,929,625.	108,978,355.	
	21	Total liabilities (Part X, line 26)	6,039,462.	5,455,442.	
	22	Net assets or fund balances. Subtract line 21 from line 20	135,890,163.	103,522,913.	

Part II Signature Block

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

Sign Here	Signature of officer 	Date June 20, 2023
Paid Preparer Use Only	Print/Type preparer's name CATHERINE HAUG	Preparer's signature
	Firm's name CARR, RIGGS & INGRAM, LLC	Firm's EIN 72-1396621
	Firm's address 600 CLEVELAND STREET, SUITE 1000 CLEARWATER, FL 33755	Phone no. 727.446.0504

May the IRS discuss this return with the preparer shown above? See instructions Yes No

MORTON PLANT MEASE HEALTH CARE FOUNDATION, INC.

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

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 EXTRAORDINARY, 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? [X] Yes [] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [X] Yes [] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 1,767,357. including grants of \$ 1,749,442.) (Revenue \$) PROVIDING SUPPORT TO ENHANCE THE QUALITY OF CLINICAL CARE FROM MORTON PLANT MEASE NURSES, PHYSICIANS, AND VOLUNTEERS, INCLUDING: RADIATION ONCOLOGY NURSE FOCUSED ON CANCER-RELATED CLINICAL RESEARCH STUDIES; CARDIOVASCULAR, ARRHYTHMIA, SURGERY, AND ENDOVASCULAR PHYSICIAN SYMPOSIUM; DR. GEORGE MORRIS EARN AS YOU LEARN NURSING SCHOLARSHIPS; FAMILY MEDICINE RESIDENCY CLINICAL TRAINING; BEREAVEMENT RESOURCES TO THOSE WHO LOST A LOVED ONE IN OUR HOSPITALS; AND NURSING EDUCATION AND ADVANCEMENT PROGRAMS. SEE SECTION O FOR A DETAILED DESCRIPTION OF EACH PROGRAM REQUESTED BY THE HOSPITALS OF MORTON PLANT MEASE.

4b (Code:) (Expenses \$ 1,130,349. including grants of \$ 1,118,891.) (Revenue \$) PROVIDING DISEASE SPECIFIC PROGRAMS TO IMPROVE THE HEALTH OF THE COMMUNITY, INCLUDING: MAMMOGRAPHY VOUCHER PROGRAM PROVIDING BREAST CANCER SCREENINGS, AND TREATMENT AT NO COST TO UNDERSERVED PATIENTS; MEDICAL FITNESS PROGRAM TARGETING CHRONIC DISEASE; CARDIOVASCULAR WELLNESS REHABILITATION; INTEGRATIVE MEDICINE SYMPTOM MANAGEMENT FOR CANCER PATIENTS; MADONNA PTAK CENTER FOR ALZHEIMER'S AND 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.

4c (Code:) (Expenses \$ 13,746,453. including grants of \$ 13,607,094.) (Revenue \$) PROVIDING CAPITAL SUPPORT TO THE HOSPITALS OF MORTON PLANT MEASE, INCLUDING: INTERVENTIONAL RADIOLOGY LAB AT MORTON PLANT HOSPITAL TO EXPAND STROKE-RELATED CARE AND TREAT COMPLEX NEUROVASCULAR CASES; STATE-OF-THE-ART CARDIOVASCULAR ENHANCEMENTS, INCLUDING UPDATING THE ELECTROPHYSIOLOGY LAB AT MORTON PLANT HOSPITAL AND THE CATHETERIZATION LABS AT MEASE COUNTRYSIDE AND MORTON PLANT NORTH BAY HOSPITALS; DA VINCI SURGICAL SYSTEM FOR ROBOTIC ASSISTED SURGERY; STEALTH NAVIGATION 3D IMAGING O-ARM FOR SPINE SURGERY. SEE SECTION O FOR A DETAILED DESCRIPTION OF EACH CAPITAL GRANT REQUESTED BY THE HOSPITALS.

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

4e Total program service expenses 16,644,159.

Form 990 (2022)

MORTON PLANT MEASE HEALTH CARE
FOUNDATION, INC.

Part IV Checklist of Required Schedules

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

MORTON PLANT MEASE HEALTH CARE
FOUNDATION, INC.

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Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

MORTON PLANT MEASE HEALTH CARE
FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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?	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	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	X
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	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
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	X
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	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
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	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
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	
9	Sponsoring organizations maintaining donor advised funds.		
a	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	X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	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 the instructions and file Form 4720, Schedule N.	15	X
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	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

MORTON PLANT MEASE HEALTH CARE
FOUNDATION, INC.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	25	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	24	
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	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
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	X
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	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
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 on Schedule O	9	X

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	X
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	X
b	Describe on 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	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
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	X
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b	X
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	X
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
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 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 on Schedule O)
- 19** Describe on 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 - (727) 462-7036
1200 DRUID ROAD SOUTH, CLEARWATER, FL 33756

MORTON PLANT MEASE HEALTH CARE
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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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and 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.
- See the instructions for the order in which to list the persons above.

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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(1) WILLIAM J. FISHER, JR. CHAIRMAN	6.00	X		X				0.	0.	0.
(2) SYDNEY NIEWIERSKI VICE CHAIR	6.00	X		X				0.	0.	0.
(3) JON M. BRETHAUER TREASURER	6.00	X		X				0.	0.	0.
(4) DARLENE D. FERENZ SECRETARY	6.00	X		X				0.	0.	0.
(5) FRED AHARI DIRECTOR	1.00	X						0.	0.	0.
(6) MICHAEL BARRY, M.D. DIRECTOR	1.00	X						0.	0.	0.
(7) RAY BOUCHARD DIRECTOR	1.00	X						0.	0.	0.
(8) ALLIE CANTONIS DIRECTOR	1.00	X						0.	0.	0.
(9) PETER B. DIMMITT DIRECTOR	1.00	X						0.	0.	0.
(10) KEVIN DONOGHUE DIRECTOR	1.00	X						0.	0.	0.
(11) JOHN G. ESTOCK DIRECTOR	1.00	X						0.	0.	0.
(12) YVES GABRIEL, M.D. DIRECTOR	1.00	X						0.	0.	0.
(13) GERRY GOLDHAMMER DIRECTOR	1.00	X						0.	0.	0.
(14) LINDSEY CROWN HARDEE, CPA DIRECTOR	1.00	X						0.	0.	0.
(15) DIANE GOBO DIRECTOR	1.00	X						0.	0.	0.
(16) JEFFREY JENSEN, D.O. DIRECTOR	1.00	X						0.	0.	0.
(17) THOMAS J. KUREY, III DIRECTOR	1.00	X						0.	0.	0.

MORTON PLANT MEASE HEALTH CARE
FOUNDATION, INC.

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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) BRAD M. MEINCK DIRECTOR	1.00	X						0.	0.	0.
(19) ROBERT SORENSEN DIRECTOR	1.00	X						0.	0.	0.
(20) NANCY PAIKOFF DIRECTOR	1.00	X						0.	0.	0.
(22) BENJAMIN C. WHITED, D.O. DIRECTOR	1.00	X						0.	0.	0.
(23) M. JAVIER ZUNIGA DIRECTOR	1.00	X						0.	0.	0.
(24) LOU P. GALDIERI DIRECTOR	1.00 45.00	X						0.	832,504.	78,195.
(25) ERNESTINE MORGAN, CFRE PRESIDENT AND CEO	60.00			X				355,002.	0.	58,760.
1b Subtotal								355,002.	832,504.	136,955.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								355,002.	832,504.	136,955.

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

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
NONE		

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

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FOUNDATION, INC.

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	340,625.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	5,504,223.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 692,753.				
	h Total. Add lines 1a-1f		5,844,848.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,326,046.			2326046.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	38,034,683.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	39,527,364.				
	c Gain or (loss)	7c	-1,492,681.				
	d Net gain or (loss)		-1,492,681.			-1492681.	
8 a Gross income from fundraising events (not including \$ 340,625. of contributions reported on line 1c). See Part IV, line 18	8a		164,634.				
			344,233.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-179,599.			-179,599.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			6,498,614.	0.	0.	653,766.	

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	16,475,427.	16,475,427.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	422,477.	126,743.	42,248.	253,486.
7 Other salaries and wages	887,743.		340,804.	546,939.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	63,798.		28,982.	34,816.
9 Other employee benefits	140,651.	7,421.	46,609.	86,621.
10 Payroll taxes	80,449.	6,701.	24,360.	49,388.
11 Fees for services (nonemployees):				
a Management				
b Legal	834.		417.	417.
c Accounting	49,500.		49,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	460,484.		460,484.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	228,341.	5,655.	7,601.	215,085.
12 Advertising and promotion	48,440.	4,844.	10,490.	33,106.
13 Office expenses	61,213.	1,912.	40,092.	19,209.
14 Information technology				
15 Royalties				
16 Occupancy	151,258.	12,043.	47,048.	92,167.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,092.		1,618.	6,474.
20 Interest	7,751.		4,057.	3,694.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	39,638.	3,413.	11,229.	24,996.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a RETREAT	9,665.		5,799.	3,866.
b PROSPECT RESEARCH	9,536.		954.	8,582.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	19,145,297.	16,644,159.	1,122,292.	1,378,846.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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FOUNDATION, INC.

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	550.	1	550.
	2 Savings and temporary cash investments	797,433.	2	381,360.
	3 Pledges and grants receivable, net	5,675,244.	3	4,017,931.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	352,502.	9	329,803.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,667,850.		
	b Less: accumulated depreciation	10b 1,304,361.	389,137.	10c 363,489.
	11 Investments - publicly traded securities	104,341,921.	11	77,614,790.
	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	30,372,838.	15	26,270,432.
16 Total assets. Add lines 1 through 15 (must equal line 33)	141,929,625.	16	108,978,355.	
Liabilities	17 Accounts payable and accrued expenses	416,299.	17	451,203.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	5,623,163.	25	5,004,239.
	26 Total liabilities. Add lines 17 through 25	6,039,462.	26	5,455,442.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	42,989,068.	27	30,117,682.
	28 Net assets with donor restrictions	92,901,095.	28	73,405,231.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	135,890,163.	32	103,522,913.
	33 Total liabilities and net assets/fund balances	141,929,625.	33	108,978,355.

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MORTON PLANT MEASE HEALTH CARE
FOUNDATION, INC.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,498,614.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,145,297.
3	Revenue less expenses. Subtract line 2 from line 1	3	-12,646,683.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	135,890,163.
5	Net unrealized gains (losses) on investments	5	-15,919,399.
6	Donated services and use of facilities	6	44,094.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-3,845,262.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	103,522,913.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
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 on Schedule O and describe any steps taken to undergo such audits _____		

MORTON PLANT MEASE HEALTH CARE
FOUNDATION, INC.

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14199167.	6465978.	4290245.	15490066.	5844848.	46290304.
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	14199167.	6465978.	4290245.	15490066.	5844848.	46290304.
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)						10265062.
6 Public support. Subtract line 5 from line 4.						36025242.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	14199167.	6465978.	4290245.	15490066.	5844848.	46290304.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2099001.	2476625.	2034005.	2177417.	2326046.	11113094.
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						57403398.
12 Gross receipts from related activities, etc. (see instructions)					12	828,917.
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	62.76 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	63.03 %
16a 33 1/3% support test - 2022. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

MORTON PLANT MEASE HEALTH CARE
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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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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 5 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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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

MORTON PLANT MEASE HEALTH CARE
FOUNDATION, INC.

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

MORTON PLANT MEASE HEALTH CARE
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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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

MORTON PLANT MEASE HEALTH CARE
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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):		
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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

MORTON PLANT MEASE HEALTH CARE
FOUNDATION, INC.

Schedule A (Form 990) 2022

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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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

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 instructions and the latest information.

OMB No. 1545-0047

2022

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a 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 Tax 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 July 25,2006, 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?

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)?

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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

MORTON PLANT MEASE HEALTH CARE
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Schedule D (Form 990) 2022

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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. (Col. (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. (Col. (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	4,956,426.
(2) EXTERNALLY CONTROLLED ENDOWMENTS	16,022,394.
(3) INTEREST RECEIVABLE	54,303.
(4) OTHER ASSETS	69,780.
(5) REMAINDER INTEREST IN TRUST AND ESTATES	5,167,529.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	26,270,432.

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	
(2) GIFT ANNUITY OBLIGATIONS	4,258,473.
(3) LIABILITY UNDER TRUST AGREEMENTS	745,766.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	5,004,239.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Schedule D (Form 990) 2022

MORTON PLANT MEASE HEALTH CARE
FOUNDATION, INC.

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	-13,312,704.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-15,919,399.	
b	Donated services and use of facilities	2b	69,596.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	344,233.	
e	Add lines 2a through 2d	2e	-15,505,570.	
3	Subtract line 2e from line 1	3	2,192,866.	
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	460,484.	
b	Other (Describe in Part XIII.)	4b	3,845,264.	
c	Add lines 4a and 4b	4c	4,305,748.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,498,614.	

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	19,054,546.
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	344,233.	
e	Add lines 2a through 2d	2e	369,733.	
3	Subtract line 2e from line 1	3	18,684,813.	
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	460,484.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	460,484.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	19,145,297.	

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.

PART V, LINE 4:

THE FOUNDATION RECEIVES INCOME FROM CERTAIN ENDOWMENT FUNDS THAT ARE NEITHER IN THE FOUNDATION'S POSSESSION NOR UNDER ITS CONTROL. THESE EXTERNAL ENDOWMENT ASSETS ARE HELD IN PERPETUITY AND ARE INVESTED AND MANAGED BY OUTSIDE TRUSTEES IN ACCORDANCE WITH TRUST INSTRUMENTS ESTABLISHED BY THE DONORS.

THE FOUNDATION'S ENDOWMENT CONSISTS OF APPROXIMATELY 26 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. THE ENDOWMENTS ARE ALL DONOR-RESTRICTED ENDOWMENT FUNDS. THE FOUNDATION HAS NO BOARD-DESIGNATED ENDOWMENTS.

Part XIII Supplemental Information (continued)

THE BOARD OF DIRECTORS OF THE FOUNDATION HAS INTERPRETED THE FLORIDA UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT (FUPMIFA) AS REQUIRING THE PRESERVATION OF THE FAIR VALUE OF THE ORIGINAL GIFT AS OF THE GIFT DATE OF THE DONOR-RESTRICTED ENDOWMENT FUNDS ABSENT EXPLICIT DONOR STIPULATIONS TO THE CONTRARY. AS A RESULT OF THIS INTERPRETATION, THE FOUNDATION CLASSIFIES AS PERMANENTLY RESTRICTED NET ASSETS (A) THE ORIGINAL VALUE OF GIFTS DONATED TO THE PERMANENT ENDOWMENT, (B) THE ORIGINAL VALUE OF SUBSEQUENT GIFTS TO THE PERMANENT ENDOWMENT, (C) ACCUMULATIONS TO THE PERMANENT ENDOWMENT MADE IN ACCORDANCE WITH THE DIRECTION OF THE APPLICABLE DONOR GIFT INSTRUMENT AT THE TIME THE ACCUMULATION IS ADDED TO THE FUND, AND (D) FOR ENDOWMENTS INSTRUMENTS THAT ARE SILENT AS TO THE RESTRICTION OF THE EARNINGS, THE BOARD HAS DETERMINED TO RECORD ALL REALIZED AND UNREALIZED GAINS AND LOSSES THROUGH TEMPORARILY OR UNRESTRICTED DEPENDING ON THE PURPOSE RESTRICTION OF THE ENDOWMENT.

PART X, LINE 2:

THE FOUNDATION UTILIZES THE ACCOUNTING REQUIREMENTS ASSOCIATED WITH UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC 740, INCOME TAXES. USING THAT GUIDANCE, TAX POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. AS OF DECEMBER 31, 2022 AND 2021, THE FOUNDATION HAS NO UNCERTAIN TAX PROVISIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

SPECIAL EVENT EXPENSES 344,233.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CHANGE IN SPLIT-INTEREST AGREEMENTS 3,845,264.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 344,233.

MORTON PLANT MEASE HEALTH CARE
FOUNDATION, INC.

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	(b) Event #2	(c) Other events	(d) Total events	
		GOLF TOURNEY	ROCK THE RIBBON	3	(add col. (a) through col. (c))	
	Revenue	(event type)	(event type)	(total number)		
1	Gross receipts	173,090.	77,406.	244,873.	495,369.	
2	Less: Contributions	102,604.	64,526.	173,496.	340,626.	
3	Gross income (line 1 minus line 2)	70,486.	12,880.	71,377.	154,743.	
4	Direct Expenses	Cash prizes		5,500.	5,500.	
		5 Noncash prizes				
		6 Rent/facility costs	23,805.	6,263.	2,234.	32,302.
		7 Food and beverages	44,006.	1,841.	75,084.	120,931.
		8 Entertainment			19,697.	19,697.
		9 Other direct expenses	46,682.	28,699.	90,421.	165,802.
10	Direct expense summary. Add lines 4 through 9 in column (d)				344,232.	
11	Net income summary. Subtract line 10 from line 3, column (d)				-189,489.	

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))
1	Gross revenue				
2	Direct Expenses	Cash prizes			
		3 Noncash prizes			
		4 Rent/facility costs			
		5 Other direct expenses			
		6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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: _____

MORTON PLANT MEASE HEALTH CARE FOUNDATION, INC.

- 11 Does the organization conduct gaming activities with nonmembers?
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?
13 Indicate the percentage of gaming activity conducted in:
a The organization's facility
b An outside facility
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
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?
b Enter the amount of distributions required under state law to be 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.

**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

2022

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MORTON PLANT HOSPITAL ASSOCIATION, INC. - 300 PINELLAS STREET - CLEARWATER, FL 33756	59-0624462	501(C)(3)	12,096,853.	0.			SEE SCHEDULE O FOR GRANT DESCRIPTIONS
TRUSTEES OF MEASE HOSPITAL, INC. 300 PINELLAS STREET CLEARWATER, FL 33756	59-0855412	501(C)(3)	4,378,574.	0.			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.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

MORTON PLANT MEASE HEALTH CARE
FOUNDATION, INC.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

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 OR THEIR AFFILIATES TO FURTHER THEIR MISSIONS AND EXEMPT
PURPOSES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

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

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

MORTON PLANT MEASE HEALTH CARE
FOUNDATION, INC.

59-1751535

Schedule J (Form 990) 2022

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 aren't 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 and/or 1099-NEC 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) LOU P. GALDIERI DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	740,998.	0.	91,506.	47,652.	30,543.	910,699.	0.
(2) ERNESTINE MORGAN, CFRE PRESIDENT AND CEO	(i)	306,820.	0.	48,182.	38,938.	19,822.	413,762.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 3:

SALARIES OF ALL OFFICERS AND KEY EMPLOYEES WERE ALIGNED WITH INDEPENDENT
MARKET STUDIES THROUGH SULLIVAN, COTTER AND ASSOCIATES, INC., AN
INDEPENDENT COMPENSATION CONSULTANT, AND DEEMED REASONABLE BASED ON
EXPERTISE AND EXPERIENCE OF INDIVIDUALS. THE SALARY FOR THE PRESIDENT &
CEO IS ESTABLISHED BY THE EXECUTIVE COMMITTEE OF THE FOUNDATION AND
APPROVED BY THE BOARD OF DIRECTORS. OTHER OFFICERS AND KEY EMPLOYEE
SALARIES ARE ESTABLISHED BY THE PRESIDENT AND CEO IN CONJUNCTION WITH THE
INDEPENDENT SALARY SURVEY.

PART I, LINE 4B:

LINE 4B: 457(F) NONQUALIFIED RETIREMENT PLAN, 2022 CONTRIBUTIONS WERE AS
FOLLOWS: ERNESTINE MORGAN \$48,182 & LOUIS GALDIERI \$91,506.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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 instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization **MORTON PLANT MEASE HEALTH CARE FOUNDATION, INC.** Employer identification number **59-1751535**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	12	692,753.	AVG PRICE ON TRANSFER
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**

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? **X**

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

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2022

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.

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization	MORTON PLANT MEASE HEALTH CARE FOUNDATION, INC.	Employer identification number	59-1751535
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FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

MEDICAL FITNESS PROGRAM (\$69,680)

THE CENTERS FOR DISEASE CONTROL AND PREVENTION ESTIMATE THAT 6 OF EVERY
10 ADULTS IN THE US SUFFER FROM A CHRONIC DISEASE SUCH AS HEART
DISEASE, CANCER, LUNG DISEASE, STROKE, OR DIABETES WITH LOW LEVELS OF
PHYSICAL ACTIVITY BEING A KEY CONTRIBUTOR. THE MEDICAL FITNESS PROGRAMS
BEING OFFERED AT THE BAYCARE FITNESS CENTERS FOCUS ON PATIENTS WITH
DIABETES, BONE LOSS PREVENTION, BALANCE PROGRAMS, AND FIT-4-SURGERY A
PRE- AND POST- SURGERY EXERCISE PROGRAM.

MATERNITY BLOOD PRESSURE CUFFS (\$28,570)

HYPERTENSIVE DISORDERS DURING PREGNANCY ARE A LEADING CAUSE OF MATERNAL
MORTALITY WORLDWIDE. THIS GRANT FUNDED HOME-MONITORING BLOOD PRESSURE
KITS FOR WOMEN AT THE HIGHEST RISK FOR DEVELOPING PREECLAMPSIA AND
OTHER HYPERTENSIVE DISORDERS OF PREGNANCY. EACH KIT INCLUDED: A
VALIDATED AUTOMATED BLOOD PRESSURE CUFF, TRACKING LOG WITH A LINK TO
"HOW TO TAKE YOUR OWN BP" VIDEO, SIGNS AND SYMPTOMS PATIENT EDUCATION,
AND "STILL AT RISK" BRACELET.

STRETCHERS FOR THE NURSING SIMULATION PROGRAM (\$17,594)

SIMULATION PROVIDES AN OPPORTUNITY FOR THE LEARNER TO REPEATEDLY
PRACTICE SKILLS LEADING TO PROFICIENCY LEVEL IN A SETTING FREE OF RISK
AND PATIENT HARM. SIMULATION OCCURS IN A SAFE ENVIRONMENT WHERE
MISTAKES ARE TOLERATED, THE PARTICIPANTS LEARN FROM THE MISTAKES AND
PATIENTS ARE NOT HARMED. THIS GRANT PROVIDED STRETCHERS TO TRANSPORT
THE HOSPITALS' PATIENT SIMULATORS THROUGHOUT THE FLOORS TO TRAIN OUR

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

Name of the organization	MORTON PLANT MEASE HEALTH CARE FOUNDATION, INC.	Employer identification number	59-1751535
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TEAM MEMBERS.

C.A.S.E. (CARDIOVASCULAR, ARRHYTHMIA, SURGERY, ENDOVASCULAR) SYMPOSIUM
(\$15,835)

THE CARDIOVASCULAR SERVICE LINE LED AN EDUCATIONAL SYMPOSIUM FOR PHYSICIANS, AND HEALTH CARE PROFESSIONALS FOCUSED ON HEART FAILURE AND ATRIAL FIBRILLATION - TWO DISEASES THAT ACCOUNT FOR A LARGE NUMBER OF READMISSIONS TO THE HOSPITALS. THE GOAL OF THE SYMPOSIUM WAS TO EDUCATE OUR CARE TEAMS TO CATCH THE DISEASE PROCESS EARLY, AND MEDICALLY TREAT WITH GUIDELINE THERAPY OPTIONS EARLY, ALL TO IMPROVE THE QUALITY OF OUR PATIENTS' LIVES.

INTEGRATIVE MEDICINE PROGRAM FOR CANCER PATIENTS (\$15,000)

INTEGRATIVE MEDICINE ADDRESSES ALL ASPECTS OF A PATIENT'S HEALTH AND LIFESTYLE, INCLUDING PHYSICAL, EMOTIONAL, MENTAL, SOCIAL, AND SPIRITUAL WELL-BEING. THIS PROGRAM WILL ALLOW THE INTEGRATIVE MEDICINE CLINIC TO ASSIST PATIENTS DIAGNOSED WITH CANCER, WITH FINANCIAL LIMITATIONS, THROUGH SYMPTOM MANAGEMENT TECHNIQUES, INCLUDING ACUPUNCTURE, AURICULOTHERAPY, BREATHWORK, MEDITATION, STRESS MANAGEMENT, AND LIFESTYLE MODIFICATIONS.

PULSE OXIMETER COMPLIMENTARY PILOT AT MORTON PLANT NORTH BAY HOSPITAL
(\$7,337)

MORTON PLANT NORTH BAY HOSPITAL HAS BEEN CHALLENGED WITH READMISSIONS, ESPECIALLY WITH THE DIAGNOSES CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) AND HEART FAILURE. THE HOSPITAL'S INTERDISCIPLINARY TEAMS OFTEN HEAR PATIENTS GET SCARED WHEN THEY ARE SHORT OF BREATH, ESPECIALLY AT NIGHT. THIS ANXIETY, COMBINED WITH NO HEALTH CARE PROVIDERS AVAILABLE

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EXCEPT THE ER, LEAD TO FREQUENT READMISSIONS THAT POTENTIALLY COULD
HAVE BEEN AVOIDED. THE PULSE OXIMETERS WERE USED TO HELP THE PATIENT
DISTINGUISH BETWEEN ANXIETY AND A REAL SHORTNESS OF BREATH ISSUE.

PEDIATRIC MENTAL HEALTH SUPPORT (\$1,824)

SINCE THE PANDEMIC, THE HOSPITAL HAS SEEN A SIGNIFICANT INCREASE IN
ADMISSIONS OF PEDIATRIC BAKER ACT PATIENTS AND THERE ARE LIMITED
RESOURCES FOR THOSE PATIENTS. THERE HAS ALSO BEEN AN INCREASE IN MENTAL
HEALTH ISSUES STEMMING FROM THE PANDEMIC. EACH OF THESE PATIENTS IS
ASSIGNED A SITTER TO PROVIDE ACCESS TO MORE SOCIAL INTERACTION RATHER
THAN BEING ISOLATED. GRANT FUNDED ACTIVITY BOOKS, CARD GAMES, PUZZLES,
AND BOARD GAMES.

THE DIANE RAUCH CAMP NURSE JR. (\$950)

OFFERED SINCE 2008, CAMP NURSE JR. IS FOR STUDENTS ENTERING 7TH OR 8TH
GRADE IN THE FALL WHO ARE INTERESTED IN BECOMING FUTURE NURSES. THE
CAMP IS NOW KNOWN AS DIANE RAUCH CAMP NURSE JR., NAMED IN HONOR OF
DIANE RAUCH, A LONGTIME NURSE IN THE COMMUNITY WHO HAD A GREAT LOVE FOR
CHILDREN. THE CAMP OFFERS OPPORTUNITIES FOR STUDENTS TO EXPLORE NURSING
AND VARIOUS OTHER HEALTH CARE CAREERS.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

LICENSED PRACTICAL NURSE (LPN) TRAINING PROGRAM (\$500,000)

FACED WITH A SIGNIFICANT RN NURSING SHORTAGE, THIS GRANT WILL HELP
LAUNCH A MODEL OF CARE CALLED "TEAM NURSING", WHERE MEMBERS OF THE
NURSING TEAM ARE ASSIGNED TO COMPLETE CERTAIN TASKS FOR A GROUP OF
PATIENTS. TO TRANSITION TO THE TEAM MODEL OF NURSING, OUR HOSPITALS
WILL PARTNER WITH ACADEMIC INSTITUTIONS THAT HAVE EXPERIENCE WITH

Name of the organization MORTON PLANT MEASE HEALTH CARE
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TRAINING LPNS. THE TEAM MEMBER'S TUITION WOULD BE PAID, AND THE TEAM MEMBER WOULD BE ELIGIBLE FOR NEED-BASED SCHOLARSHIPS TO SUPPLEMENT THEIR INCOME AND PAY FOR LIVING EXPENSES.

COMPREHENSIVE BREAST HEALTH PROGRAM (\$100,000)

THIS GRANT IS A COMBINATION OF SEVERAL DIFFERENT PROJECTS AND COMMUNITY EDUCATION FOCUSED ON IMPROVING THE BREAST HEALTH OF WOMEN IN OUR COMMUNITY. GRANT FUNDED A FULL-TIME BREAST NURSE NAVIGATOR WHO PROVIDES INITIAL EDUCATION FOR WOMEN WITH NEWLY DIAGNOSED BREAST CANCER. THE NAVIGATOR ALSO INTERACTS DIRECTLY WITH THE MAMMOGRAPHY VOUCHER PROGRAM COORDINATOR AND PATIENT NAVIGATORS TO ENSURE THAT QUALIFIED WOMEN IN OUR COMMUNITY RECEIVE MAMMOGRAPHY AND OTHER SERVICES.

POWER PROGRAM (\$83,132)

THIS SPECIALLY DESIGNED PROGRAM FOR OUR BREAST CANCER PATIENTS HELPS TO GUIDE AND SUPPORT EACH WOMAN THROUGH HER JOURNEY BY INTEGRATING PHYSICAL ACTIVITY, PROPER NUTRITION AND EMOTIONAL SUPPORT INTO ONE'S LIFESTYLE. SURVIVORS ENGAGED IN AN EXERCISE PROGRAM HAVE A 40% LESS CHANCE OF RE-OCCURRENCE THAN THOSE WHO DO NOT ENGAGE IN A PROGRAM. GRANT DOLLARS HELP FUND PERSONAL TRAINING SESSIONS, YOGA CLASSES AND ADMINISTRATIVE HOURS.

CAMP LIVING SPRINGS: CANCER SURVIVOR RETREAT (\$47,030)

CAMP LIVING SPRINGS IS A WEEKEND ADULT CANCER RETREAT OFFERED AT NO COST TO PARTICIPANTS. THE CAMP PROVIDES ADULT CANCER SURVIVORS WITH AN OPPORTUNITY TO GET AWAY FROM THEIR DAY-TO-DAY OBLIGATIONS AND SHARE EXPERIENCES WITH OTHER CANCER SURVIVORS. CAMP LIVING SPRINGS' MISSION IS TO PROMOTE CAMARADERIE, RELAXATION AND SHARED EXPERIENCES WHILE

Name of the organization MORTON PLANT MEASE HEALTH CARE
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NURTURING THE SPIRIT OF THOSE TOUCHED BY CANCER.

BEHAVIORAL HEALTH THERAPEUTIC INTERVENTION (\$40,900)

TO PROMOTE INDIVIDUAL TREATMENT PLANS AND ADHERE TO SUCH PLANS WITH OUR
INPATIENT BEHAVIORAL HEALTH PATIENTS, PROTECTED IPADS WERE GRANTED FOR
OUR PATIENTS TO USE AND COMMUNICATE IN A GROUP SETTING FROM DIFFERENT
SITES THAT CAN TARGET EACH PATIENT'S ISSUES. FOR EXAMPLE, WE CAN NOW
HOLD A GROUP THAT TARGETS ISSUES WITH SUBSTANCE USE WITH THOSE PATIENTS
THAT HAVE SUBSTANCE USE ISSUES.

HEALTHY MEALS TRANSITIONS CARE PROGRAM (\$30,600)

THROUGH A GRANT TO MORTON PLANT HOSPITAL, HEALTHY MEALS WERE PROVIDED
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 PATIENT'S 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.

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 HELPS OFFSET THE COST OF THE COUNSELORS AND
NAVIGATORS IN THE CANCER PATIENT SUPPORT SERVICES (CAPSS) PROGRAM THAT
ALSO HELPS THESE WOMEN THROUGH THEIR CANCER JOURNEY.

PROSTATE CANCER PROGRAM (\$25,000)

THIS GRANT REQUEST IS A COMBINATION OF COMMUNITY EDUCATION/AWARENESS
AND COUNSELING FOCUSED ON IMPROVING THE PROSTATE HEALTH OF MEN IN OUR

Name of the organization **MORTON PLANT MEASE HEALTH CARE
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**MINORITY COMMUNITY AND DIAGNOSIS AND TREATMENT FOR
UNDERSERVED/UNINSURED MEN. THIS GRANT PROVIDES FUNDING FOR COMMUNITY
OUTREACH AND EDUCATION, DIAGNOSIS AND TREATMENT, AND COUNSELING
SERVICES AND SUPPORT GROUPS.**

PEACE MEMORIAL JOSEPH CLAPP SCHOLARSHIP (\$20,000)

**RESEARCH CONTINUES TO PROJECT THAT DESPITE THE CURRENT EASING OF THE
NURSING SHORTAGE, 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 GROWTH AND
REPLACEMENTS TO 1.05 MILLION BY 2023. "GROWING OUR OWN" WILL BE LESS
EXPENSIVE IN THE LONG RUN. THE EAYL PROGRAM ALSO PRODUCES EMPLOYEE
LOYALTY AND INCREASES RETENTION.**

CODE CARTS FOR NURSING SIMULATION (\$11,266)

**THESE EDUCATIONAL CODE CARTS WERE GRANTED FOR THE UNIT-BASED EDUCATORS
TO USE IN THE HOSPITALS. CODE BLUE CARTS ARE USED TO CONDUCT MOCK CODE
BLUES ON THE HOSPITALS' CLINICAL UNITS. CODE CARTS CAN CREATE A
REALISTIC ENVIRONMENT THAT MIMICS THE CLINICAL SETTING AND PROVIDE
NURSES THE OPPORTUNITY TO BECOME MORE PROFICIENT IN PERFORMING
RESUSCITATION SKILLS FOR PATIENT SURVIVAL.**

BUNDT CAKES FOR MORTON PLANT MEASE TEAM MEMBERS (\$11,000)

**DURING THE PANDEMIC, THERE WAS SUCH AN OUTPOURING OF SUPPORT FOR OUR
HEALTH CARE "HEROES". PEOPLE WERE GENEROUSLY BRINGING IN FOOD AND PPE
TO THE HOSPITALS TO THANK THE FRONT-LINE WORKERS FOR CARING FOR OUR
COMMUNITY. AS A TOKEN OF APPRECIATION, THE FOUNDATION HAD A GENEROUS
DONOR WHO MADE A GIFT TO PURCHASE BUNDT CAKES FOR THE TEAM MEMBERS AS A**

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WAY TO SAY THANK YOU FOR ALL THEY DO.

POWELL CHILD CARE CENTER GRANTS (\$9,380)

THIS IS A COMBINATION OF TWO GRANTS FOR THE POWELL CHILD CARE CENTER
(1) STEM ENHANCEMENT ACTIVITIES & GAMES AND (2) AROUND THE WORLD PUPPET
THEATRE. STEM IS A BLEND OF SCIENCE AND MATH THAT INVOLVES INTRODUCING
CHILDREN TO NEW CONCEPTS THROUGH HANDS-ON ACTIVITIES. AROUND THE WORLD
PUPPET THEATRE WILL PROVIDE SIX INTERACTIVE, MULTIMEDIA PUPPET SHOWS
WITH A FOCUS ON CULTURAL AWARENESS AND SENSITIVITY SUITABLE FOR
PRESCHOOL-AGED KIDS.

BARIATRIC VITAMIN ENHANCEMENT PROGRAM (\$4,000)

BARIATRIC WEIGHT LOSS SURGERY IS AN EFFECTIVE TOOL TO PROVIDE LONG-TERM
WEIGHT LOSS AND INCREASE THE QUALITY OF LIFE. WITH BARIATRIC SURGERY, A
PORTION OF THE STOMACH IS REMOVED, WHICH SIGNIFICANTLY REDUCES AND
ALTERS THE NATURAL ABSORPTION OF NUTRIENTS. THE FIRST MONTH AFTER
SURGERY IS THE MOST CRITICAL TIME, SINCE THE PATIENT IS ON A STRICT
POST-OP FULL LIQUID DIET, AND NOT ABLE TO GET ALL THE REQUIRED
NUTRIENTS FROM FOOD. IT IS IMPERATIVE THAT THE BARIATRIC PATIENT BE ON
A GOOD QUALITY VITAMIN AND MINERAL SUPPLEMENT.

JANICE WOHLFORD HOHIDER FUND (\$3,000)

IN SUPPORT OF ADVANCING NURSING KNOWLEDGE, THIS GRANT FUNDS NURSING
RESEARCH STUDIES AND EVIDENCED-BASED PRACTICE PROJECTS, SPECIFICALLY -
IRB FEES, SURVEYS, EQUIPMENT, SALARY FOR THE PRIMARY INVESTIGATOR,
STATISTICIAN FEES, OR OTHER ITEMS IDENTIFIED AS IMPORTANT BY THE
INVESTIGATOR.

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BECKY'S CLOSET AT MEASE DUNEDIN HOSPITAL (\$770)

**EQUIPS A DESIGNATED AREA AT MEASE DUNEDIN HOSPITAL WITH DONATED SHIRTS,
PANTS, SHOES AND MORE THAT ARE MEANT FOR PATIENTS WHO NEED MORE
CLOTHING THAN WHAT THEY ENTERED WITH AT THE TIME OF THEIR SERVICE.**

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. THE FOUNDATION REIMBURSES
BAYCARE ON A MONTHLY BASIS FOR ALL PAYROLL EXPENSES. THEREFORE, THERE
ARE NO W-2'S ISSUED BY MORTON PLANT MEASE HEALTH CARE FOUNDATION.**

FORM 990, PART VI, SECTION A, LINE 6:

**THE ORGANIZATION HAS MEMBERS THAT PARTICIPATE IN THE ELECTION OF THE
GOVERNING BODY.**

FORM 990, PART VI, SECTION A, LINE 7A:

ELECTION OF THE GOVERNING BODY IS DONE DURING AN ANNUAL MEETING.

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.**

FORM 990, PART VI, SECTION B, LINE 12C:

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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.

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.

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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN SPLIT INTEREST AGREEMENTS	-3,845,264.
ROUNDING	2.
TOTAL TO FORM 990, PART XI, LINE 9	-3,845,262.

PART XII, LINE 2C
THE AUDIT REPORT IS REVIEWED AND APPROVED BY THE FINANCE COMMITTEE. THE

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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.

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).

2022 WAS A HISTORIC YEAR THAT INCLUDED MORTON PLANT MEASE HEALTH CARE FOUNDATION GRANTING THE NOT-FOR-PROFIT HOSPITALS OF MORTON PLANT MEASE \$16.5 MILLION, THE MOST EVER IN OUR HISTORY. STAYING TRUE TO OUR MISSION AND REMAINING STEADFAST IN OUR COMMITMENT, \$16.5 MILLION IN 2022 WAS INVESTED IN 32 PROGRAMS AND 16 CAPITAL PROJECTS. GIFTS FROM THE COMMUNITY HELP PURCHASE CUTTING-EDGE, LIFESAVING EQUIPMENT, BUILD STATE-OF-THE-ART FACILITIES, AND SUPPORT THE FOLLOWING INNOVATIVE PROGRAMS AND SERVICES:

FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

EXPANDED DESCRIPTION OF GRANTS FROM 4A (ENHANCING CLINICAL CARE):

\$1,749,422

FAMILY MEDICINE RESIDENCY PROGRAM (\$525,000)

THE FAMILY MEDICINE RESIDENCY PROGRAM PROVIDES PHYSICIAN EDUCATION AND CLINICAL TRAINING FOR 24 RESIDENTS OF THE USF MORSANI COLLEGE OF

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MEDICINE. ADDITIONALLY, THE RESIDENCY, IN CONJUNCTION WITH OPERATIONS OF THE TURLEY FAMILY HEALTH CENTER, WILL SUPPORT 42,000 PATIENT VISITS PER YEAR, AS WELL AS LABORATORY, IMAGING AND SOCIAL SERVICES. GRANT DOLLARS FUND CLINIC OPERATIONS, PHYSICIAN STAFFING, RESIDENCY ADMINISTRATION AND FACILITY EXPENSE.

ELEANOR THOMPSON NURSING SCHOOL (\$314,867)

NURSING ASSISTANTS ARE VITAL MEMBERS OF THE PATIENT CARE DELIVERY TEAM. THEY PROVIDE DIRECT PATIENT CARE AND SPEND MOST OF THE TIME IN DIRECT CONTACT WITH THE PATIENT AND FAMILY. THANKS TO THIS PROGRAM, MORTON PLANT MEASE HAS BEEN ABLE TO SELECT AND TRAIN MORE THAN 350 QUALIFIED NURSING ASSISTANTS OVER THE PAST NINE YEARS. WHEN TEAM MEMBERS SUCCESSFULLY COMPLETE THE PROGRAM, THEY ARE GUARANTEED A PATIENT CARE POSITION ON AN INPATIENT UNIT. THIS PROGRAM IS RAPIDLY BECOMING THE "GOLD STANDARD" FOR CONSIDERATION FOR ADMISSION TO THE DR. GEORGE MORRIS EARN AS YOU LEARN RN PROGRAM.

FAMILY CARE FUND (\$156,424)

WHEN UNEXPECTED EMERGENCIES AND EVENTS OCCUR IN OUR LIVES, MEETING OUR EVERYDAY NEEDS AND RESPONSIBILITIES CAN BECOME DIFFICULT. ASSISTANCE TO TEAM MEMBERS FACING THESE UNANTICIPATED AND UNUSUAL SITUATIONS IS AVAILABLE THROUGH THE FAMILY CARE FUND. LAST YEAR, THE FUND APPROVED OVER 100 REQUESTS FOR ASSISTANCE AND PROVIDED \$150,000 TO TEAM MEMBERS WITH NOWHERE ELSE TO TURN.

DR. GEORGE MORRIS EARN AS YOU LEARN NURSING PROGRAMS (\$143,858)

THE DR. GEORGE MORRIS EARN AS YOU LEARN PROVIDES PARTICIPANTS INTERESTED IN BECOMING A NURSE WITH THE OPPORTUNITY TO ATTEND COLLEGE

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AND WORK PART-TIME IN ONE OF OUR HOSPITALS. THE PROGRAM HELPS FOSTER THE GROWTH OF OUR TEAM MEMBERS TO ENTER OR ADVANCE IN THE NURSING PROFESSION BY PROVIDING BOOKS AND ACCESS TO NEEDS-BASED FINANCIAL SCHOLARSHIPS SO THEY CAN BETTER FOCUS ON SCHOOL WHILE CONTINUING TO SUPPORT THEIR FAMILIES.

CLINICAL RESEARCH NURSE FOR RADIATION ONCOLOGY (\$137,717)

MORTON PLANT MEASE IS ACCREDITED BY THE COMMISSION ON CANCER, A DISTINCTION THAT RECOGNIZES OUR COMMITMENT TO IMPROVING SURVIVAL AND QUALITY OF LIFE FOR CANCER PATIENTS. TO MAINTAIN THIS ACCREDITATION, WE ARE REQUIRED TO ENROLL A PERCENTAGE OF ELIGIBLE PARTICIPANTS IN CANCER-RELATED CLINICAL RESEARCH STUDIES, A FIGURE THAT IS PARTIALLY DEPENDENT ON THE NUMBER OF SUBJECTS DIAGNOSED EACH YEAR AT OUR HOSPITALS. THIS GRANT HIRED A FULL-TIME CLINICAL RESEARCH NURSE TO INITIATE FIVE ADDITIONAL TRIALS AND ENROLL 20-30 ADDITIONAL PATIENTS EACH YEAR.

SALLY L. BAILEY SCHOLARSHIP (\$100,000)

NURSING STUDENTS OFTEN HAVE MORE FINANCIAL NEEDS THAN THOSE PROVIDED BY BAYCARE TUITION ASSISTANCE. THIS SCHOLARSHIP IS NEED-BASED TO ASSIST WITH LIVING EXPENSES SUCH AS TRANSPORTATION, CHILDCARE, AND TUITION/BOOKS NOT COVERED BY TUITION ASSISTANCE. PROSPECTIVE SCHOLARSHIP AWARDEES WILL BE SELECTED BASED ON THEIR COMMITMENT TO THEIR STUDIES, CARE AND COMPASSION TOWARDS PATIENTS AND THE ACADEMIC QUALIFICATIONS TO BE CONSIDERED.

LOIS ODENCE PLANTERS SCHOLARSHIPS (\$52,000)

THE PURPOSE OF THIS SCHOLARSHIP IS TO PROVIDE SUPPLEMENTAL FINANCIAL

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SUPPORT TO MORTON PLANT MEASE NURSING STUDENTS. THIS SCHOLARSHIP IS BASED ON FINANCIAL NEED AND NOT ACCORDING TO OUT-OF-POCKET EXPENSES FOR TUITION AND BOOKS. IN 2022, THIS SCHOLARSHIP WAS AWARDED TO 13 NURSING STUDENTS TO ASSIST IN THE SUCCESSFUL COMPLETION OF NURSING SCHOOL, WHICH WILL IN TURN HELP FILL VACANCIES ON NURSING UNITS AND CLINICAL DEPARTMENTS.

AL EADDY FAMILY MEDICINE RESEARCH CENTER (\$50,000)

THIS GRANT PROMOTES RESEARCH-BASED EDUCATION AND STRUCTURED CLINICAL STUDIES FOR THE FAMILY MEDICINE FACULTY AND RESIDENTS. SCHOLARLY ACCOMPLISHMENTS PROVIDED THROUGH THIS FUNDING DISTINGUISH OUR FACULTY AND RESIDENTS REGIONALLY AND NATIONALLY, AS WELL AS ENHANCE THE QUALITY AND SCOPE OF PATIENT CARE IN OUR COMMUNITY. GRANT DOLLARS OFFSET PHYSICIAN SALARIES, DATA MANAGEMENT SUPPORT, AND EDUCATION SUPPLIES.

BEREAVEMENT COORDINATOR (\$50,000)

THE TOLL OF COVID-19 ON OUR COMMUNITY AND HOSPITALS HAS BEEN HIGH. IN THE SCHEME OF THE PANDEMIC, THE EFFECTS OF DEATH, LOSS, MOURNING, AND BEREAVEMENT HAVE BECOME INCREASINGLY COMPLEX. THE BEREAVEMENT PROGRAM PROVIDES VALUABLE RESOURCES TO FAMILIES AND LOVED ONES WHO HAVE LOST A LOVED ONE WHILE IN OUR CARE.

WOW! AWARDS (\$50,000)

CELEBRATED DURING NATIONAL NURSES WEEK AND HOSPITAL WEEK IN MAY, THE WOW! NURSING AND TEAM MEMBER EXCELLENCE AWARDS HONORS OUR COMPASSIONATE NURSES AND TEAM MEMBERS WHO EXEMPLIFY OUTSTANDING CUSTOMER SERVICE, TEAMWORK, AND COMMITMENT TO EXCELLENCE. WINNERS ARE NOMINATED BY FELLOW TEAM MEMBERS AND ARE SELECTED BY A COMMITTEE COMPRISED OF A

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CROSS-SECTION OF TEAM MEMBERS, INCLUDING LEADERSHIP AND PEERS.

VOLUNTEER NURSE INITIATIVE (\$39,276)

**NURSE MANAGERS HAVE REPORTED A CONTINUING NEED FOR INDIVIDUALIZED
PATIENT ATTENTION AND COMMUNICATION WITH FAMILIES. VOLUNTEER NURSES
SERVE AS "AMBASSADORS OF CARE" PROVIDING POSITIVE HOSPITAL EXPERIENCES
FOR PATIENTS AND FAMILIES. THEY CONTRIBUTE TO PATIENT SATISFACTION BY
ASSISTING WITH MEALS, HYGIENE, PROCEDURES, COMFORT, DIVERSIONS,
THERAPEUTIC COMMUNICATION, PATIENT ADVOCATES, AND PATIENT EDUCATION.
CURRENTLY, THERE ARE 18 VOLUNTEER NURSES PARTICIPATING WITH MORE THAN
1,000 HOURS OF SERVICE PER YEAR.**

KATHERINE T. SMITH SCHOLARSHIP (\$36,000)

**THE HOSPITALS OF MPM PROVIDE SCHOLARSHIPS FOR REGISTERED NURSES WHO ARE
PURSUING A BACHELORS OR MASTER'S DEGREE IN NURSING. MORTON PLANT MEASE
NEEDS BACCALAUREATE AND MASTER'S PREPARED NURSES TO SERVE AS CLINICAL
EXPERTS FOR STAFF AND TO DIRECT CARE. ALL GRANT DOLLARS GO TO FUNDING
SCHOLARSHIPS.**

JOAN CLOW SEMINAR FUND (\$23,800)

**THE JOAN CLOW SEMINAR FUND PAYS FOR REGISTRATION, TRAVEL, HOTEL AND
FOOD EXPENSES FOR SEVEN NURSES AT A NATIONAL CONFERENCE IN THEIR AREA
OF SPECIALTY, SUCH AS (1) MED SURG, (2) CRITICAL CARE NURSING, (3)
ASSOCIATION OF OR NURSES, (4) WOMEN'S SERVICES OR PEDS NURSING, (5)
EMERGENCY NURSES ASSOCIATION, AND (6) WOUND OSTOMY. THE NURSE AND
ORGANIZATION BENEFIT BECAUSE EVIDENCE-BASED KNOWLEDGE IS ACQUIRED AND
SHARED WITH OTHER BEDSIDE NURSES.**

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STRETCHERS FOR THE NURSING SIMULATION PROGRAM (\$17,594)

SIMULATION PROVIDES AN OPPORTUNITY FOR THE LEARNER TO REPEATEDLY PRACTICE SKILLS LEADING TO PROFICIENCY LEVEL IN A SETTING FREE OF RISK AND PATIENT HARM. SIMULATION OCCURS IN A SAFE ENVIRONMENT WHERE MISTAKES ARE TOLERATED, THE PARTICIPANTS LEARN FROM THE MISTAKES AND PATIENTS ARE NOT HARMED. THIS GRANT PROVIDED STRETCHERS TO TRANSPORT THE HOSPITALS' PATIENT SIMULATORS THROUGHOUT THE FLOORS TO TRAIN OUR TEAM MEMBERS.

C.A.S.E. (CARDIOVASCULAR, ARRHYTHMIA, SURGERY, ENDOVASCULAR) SYMPOSIUM (\$15,835)

THE CARDIOVASCULAR SERVICE LINE LED AN EDUCATIONAL SYMPOSIUM FOR PHYSICIANS, AND HEALTH CARE PROFESSIONALS FOCUSED ON HEART FAILURE AND ATRIAL FIBRILLATION TWO DISEASES THAT ACCOUNT FOR A LARGE NUMBER OF READMISSIONS TO THE HOSPITALS. THE GOAL OF THE SYMPOSIUM WAS TO EDUCATE OUR CARE TEAMS TO CATCH THE DISEASE PROCESS EARLY, AND MEDICALLY TREAT WITH GUIDELINE THERAPY OPTIONS EARLY, ALL TO IMPROVE THE QUALITY OF OUR PATIENTS' LIVES.

BUNDT CAKES FOR MORTON PLANT MEASE TEAM MEMBERS (\$11,000)

DURING THE PANDEMIC, THERE WAS SUCH AN OUTPOURING OF SUPPORT FOR OUR HEALTH CARE "HEROES". PEOPLE WERE GENEROUSLY BRINGING IN FOOD AND PPE TO THE HOSPITALS TO THANK THE FRONT-LINE WORKERS FOR CARING FOR OUR COMMUNITY. AS A TOKEN OF APPRECIATION, THE FOUNDATION HAD A GENEROUS DONOR WHO MADE A GIFT TO PURCHASE BUNDT CAKES FOR THE TEAM MEMBERS AS A WAY TO SAY THANK YOU FOR ALL THEY DO.

CHRISTENSEN FAMILY FOUNDATION SCHOLARSHIP (\$10,000)

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THE DALE AND CAROLE CHRISTENSEN NURSING SCHOLARSHIP WAS ESTABLISHED BY THE CHRISTENSEN FAMILY FOUNDATION AS A WAY TO HONOR DALE WHO PASSED AWAY FROM PROSTATE CANCER AT MEASE DUNEDIN HOSPITAL. AS A WAY TO GIVE BACK, THE FAMILY ESTABLISHED THIS SCHOLARSHIP TO ASSIST TEAM MEMBERS WHO ARE PURSUING A NURSING CAREER OR ARE CURRENTLY STRIVING TO ADVANCE THEIR PROFESSIONAL EDUCATION. ALL GRANT DOLLARS GO TO FUNDING SCHOLARSHIPS.

BLUMENTHAL FAMILY SCHOLARSHIP (\$5,600)

THE BLUMENTHAL FAMILY EARN AS YOU LEARN (EAYL) NURSING SCHOLARSHIP WAS ESTABLISHED BY THE FOUNDATION THROUGH THE GENEROUS SUPPORT OF THE BLUMENTHAL FAMILY. THE BLUMENTHAL FAMILY HAS A PASSION FOR NURSING AND WANTED TO ASSIST AN EAYL REGISTERED NURSE WITH THEIR LIVING EXPENSES WHILE IN THE PROGRAM. THE SCHOLARSHIP WAS AWARDED TO DESERVING EAYL NURSING STUDENTS WHO REMAIN IN EXCELLENT STANDING AT SCHOOL AND WORK.

ANNIE MILLER SCHOLARSHIP (\$5,000)

THIS SCHOLARSHIP WAS FOUNDED TO HONOR ANNIE MILLER, BS, RN AFTER HER RETIREMENT SERVING THE HOSPITALS OF MORTON PLANT MEASE FOR 43 YEARS. THE SCHOLARSHIP IS AWARDED YEARLY TO LICENSED PRACTICAL NURSES PURSUING FURTHER EDUCATION WITH THE GOAL OF BECOMING A REGISTERED NURSE (RN).

FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

EXPANDED DESCRIPTION OF GRANTS FROM 4A (CONTINUED):

DAISY AWARD PROGRAM FOR EXTRAORDINARY NURSES (\$4,500)

THE DAISY AWARD IS AN INTERNATIONAL PROGRAM THAT REWARDS AND CELEBRATES THE EXTRAORDINARY CLINICAL SKILL AND COMPASSIONATE CARE GIVEN BY NURSES

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EVERY DAY. MORTON PLANT MEASE IS PROUD TO BE A DAISY AWARD PARTNER,
RECOGNIZING ONE OF OUR NURSES WITH THIS SPECIAL HONOR EVERY MONTH.
NURSES ARE NOMINATED FOR THE AWARD BY PATIENTS, FAMILIES, PHYSICIANS
AND/OR CO-WORKERS.

THE DIANE RAUCH CAMP NURSE JR. (\$950)

OFFERED SINCE 2008, CAMP NURSE JR. IS FOR STUDENTS ENTERING 7TH OR 8TH
GRADE IN THE FALL WHO ARE INTERESTED IN BECOMING FUTURE NURSES. THE
CAMP IS NOW KNOWN AS DIANE RAUCH CAMP NURSE JR., NAMED IN HONOR OF
DIANE RAUCH, A LONGTIME NURSE IN THE COMMUNITY WHO HAD A GREAT LOVE FOR
CHILDREN. THE CAMP OFFERS OPPORTUNITIES FOR STUDENTS TO EXPLORE NURSING
AND VARIOUS OTHER HEALTH CARE CAREERS.

FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

EXPANDED DESCRIPTION OF GRANTS FROM 4B (DISEASE SPECIFIC AND COMMUNITY
OUTREACH): \$1,118,891

ATLAS OF RETINAL IMAGING IN ALZHEIMER'S STUDY / ARIAS (\$397,000)

ARIAS IS A MULTI-SITE LONGITUDINAL STUDY OF RETINAL IMAGING BIOMARKERS
OF DISEASE RISK, DISEASE BURDEN AND DISEASE PROGRESSION IN ALZHEIMER'S
DISEASE. THE GOAL IS TO DEVELOP A POINT-OF-CARE SCREENING PROTOCOL, FOR
OLDER ADULTS AT RISK FOR ALZHEIMER'S AND WHO MAY BE IN THE PRECLINICAL
STAGE OF THE DISEASE.

MADONNA PTAK CENTER FOR ALZHEIMER'S RESEARCH AND MEMORY DISORDERS

(\$271,000)

THE MADONNA PTAK CENTER FOR ALZHEIMER'S AND MEMORY LOSS IS DEDICATED TO
QUALITY-OF-LIFE ISSUES FOR FAMILIES LIVING WITH ALZHEIMER'S DISEASE AND

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**OTHER MEMORY LOSS CONDITIONS. GRANT DOLLARS FUND DRIVEABLE, RESPITE
CARE, MEMORY FIT TRAINING, TRANSPORTATION AND MEDICATION ASSISTANCE,
WANDERING PREVENTION ASSISTANCE, AND EDUCATION MATERIALS.**

PALLIATIVE CARE SERVICES (\$250,000)

**AN INTERDISCIPLINARY MEDICAL SPECIALTY THAT FOCUSES ON PREVENTING AND
RELIEVING SUFFERING AND ON SUPPORTING THE BEST POSSIBLE QUALITY OF LIFE
FOR PATIENTS AND THEIR FAMILIES FACING SERIOUS ILLNESSES. IT IS A
PERSON AND FAMILY-CENTERED APPROACH TO CARE FOCUSED ON EXPERT
ASSESSMENT AND MANAGEMENT OF PAIN AND OTHER SYMPTOMS, ASSESSMENT AND
SUPPORT OF CAREGIVER NEEDS, AND COORDINATION OF MEDICAL, SOCIAL, AND
PRACTICAL SERVICES. PALLIATIVE CARE ATTENDS TO THE PHYSICAL,
FUNCTIONAL, PSYCHOLOGICAL, PRACTICAL, AND SPIRITUAL CONSEQUENCES OF A
SERIOUS ILLNESS.**

MEDICAL FITNESS PROGRAM (\$69,680)

**THE CENTERS FOR DISEASE CONTROL AND PREVENTION ESTIMATE THAT 6 OF EVERY
10 ADULTS IN THE US SUFFER FROM A CHRONIC DISEASE SUCH AS HEART
DISEASE, CANCER, LUNG DISEASE, STROKE, OR DIABETES WITH LOW LEVELS OF
PHYSICAL ACTIVITY BEING A KEY CONTRIBUTOR. THE MEDICAL FITNESS PROGRAMS
BEING OFFERED AT THE BAYCARE FITNESS CENTERS FOCUS ON PATIENTS WITH
DIABETES, BONE LOSS PREVENTION, BALANCE PROGRAMS, AND FIT-4-SURGERY A
PRE- AND POST- SURGERY EXERCISE PROGRAM.**

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**

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ASPIRATIONS, IMAGEGUIDED AND SURGICAL BIOPSIES, SURGICAL CONSULTATIONS,
AND TREATMENT.

MATERNITY BLOOD PRESSURE CUFFS (\$28,570)
HYPERTENSIVE DISORDERS DURING PREGNANCY ARE A LEADING CAUSE OF MATERNAL
MORTALITY WORLDWIDE. THIS GRANT FUNDED HOME-MONITORING BLOOD PRESSURE
KITS FOR WOMEN AT THE HIGHEST RISK FOR DEVELOPING PREECLAMPSIA AND
OTHER HYPERTENSIVE DISORDERS OF PREGNANCY. EACH KIT INCLUDED: A
VALIDATED AUTOMATED BLOOD PRESSURE CUFF, TRACKING LOG WITH A LINK TO
"HOW TO TAKE YOUR OWN BP" VIDEO, SIGNS AND SYMPTOMS PATIENT EDUCATION,
AND "STILL AT RISK" BRACELET.

GLADYS DOUGLAS FOREVER FIT (\$21,480)
THE FOREVER FIT PROGRAM IS A SUPERVISED, PERSONALIZED EXERCISE PROGRAM
FOR INDIVIDUALS WHO NEED A FITNESS PROGRAM BASED ON CARDIOVASCULAR,
STRENGTH, BALANCE AND AGILITY IMPROVEMENT, AS WELL AS FALL PREVENTION.
HELPS PARTICIPANTS BEGIN OR CONTINUE A FITNESS PROGRAM AND GIVES THEM
THE TOOLS AND SKILL TO TRANSITION INTO EXERCISING.

INTEGRATIVE MEDICINE PROGRAM FOR CANCER PATIENTS (\$15,000)
INTEGRATIVE MEDICINE ADDRESSES ALL ASPECTS OF A PATIENT'S HEALTH AND
LIFESTYLE, INCLUDING PHYSICAL, EMOTIONAL, MENTAL, SOCIAL, AND SPIRITUAL
WELL-BEING. THIS PROGRAM WILL ALLOW THE INTEGRATIVE MEDICINE CLINIC TO
ASSIST PATIENTS DIAGNOSED WITH CANCER, WITH FINANCIAL LIMITATIONS,
THROUGH SYMPTOM MANAGEMENT TECHNIQUES, INCLUDING ACUPUNCTURE,
AURICULOTHERAPY, BREATHWORK, MEDITATION, STRESS MANAGEMENT, AND
LIFESTYLE MODIFICATIONS.

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INFANT AND CAR SEAT SAFETY TRAINING (\$12,000)

MORTON PLANT AND MEASE COUNTRYSIDE HOSPITALS WERE ABLE TO CONTINUE THEIR CAR SEAT EDUCATION AND DISTRIBUTION CLASSES WHERE PARENTS COULD ATTEND IN THE COMMUNITY TO LEARN ABOUT INFANT SAFETY AND LEAVE WITH A NEW CONVERTIBLE CAR SEAT THAT WILL GROW WITH THE INFANT INTO CHILDHOOD, WHICH WILL ALSO BE INSTALLED PROPERLY WITH THE SUPERVISION OF A TRAINED CAR SEAT INSTALLER. IT IS PROJECTED TO GIVE OUT ABOUT 100 CAR SEATS BETWEEN THE CLASSES AND THOSE NEEDING THEM IN THE MOM-BABY UNITS AT MORTON PLANT HOSPITAL AND MEASE COUNTRYSIDE HOSPITAL.

PULSE OXIMETER COMPLIMENTARY PILOT AT MORTON PLANT NORTH BAY HOSPITAL (\$7,337)

MORTON PLANT NORTH BAY HOSPITAL HAS BEEN CHALLENGED WITH READMISSIONS, ESPECIALLY WITH THE DIAGNOSES CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) AND HEART FAILURE. THE HOSPITAL'S INTERDISCIPLINARY TEAMS OFTEN HEAR PATIENTS GET SCARED WHEN THEY ARE SHORT OF BREATH, ESPECIALLY AT NIGHT. THIS ANXIETY, COMBINED WITH NO HEALTH CARE PROVIDERS AVAILABLE EXCEPT THE ER, LEAD TO FREQUENT READMISSIONS THAT POTENTIALLY COULD HAVE BEEN AVOIDED. THE PULSE OXIMETERS WERE USED TO HELP THE PATIENT DISTINGUISH BETWEEN ANXIETY AND A REAL SHORTNESS OF BREATH ISSUE.

TOYS FOR MORTON PLANT NORTH BAY HOSPITAL'S HOLIDAY LIGHTS (\$5,000)

MORTON PLANT NORTH BAY HOSPITAL HELD ITS ANNUAL HOLIDAY LIGHTS CELEBRATION IN DECEMBER TO HELP CELEBRATE THE COMMUNITY'S LONGSTANDING PARTNERSHIP WITH THE ONLY NOT-FOR-PROFIT HOSPITAL IN WEST PASCO COUNTY. GRANT DOLLARS HELPED FUND TOYS TO ENSURE EVERY CHILD IN ATTENDANCE RECEIVED A TOY FOR THE HOLIDAYS AT THE ANNUAL COMMUNITY HOLIDAY LIGHTS EVENT, WHICH RETURNED BACK TO BEING AN IN-PERSON EVENT.

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PEDIATRIC MENTAL HEALTH SUPPORT (\$1,824)

SINCE THE PANDEMIC, THE HOSPITAL HAS SEEN A SIGNIFICANT INCREASE IN ADMISSIONS OF PEDIATRIC BAKER ACT PATIENTS AND THERE ARE LIMITED RESOURCES FOR THOSE PATIENTS. THERE HAS ALSO BEEN AN INCREASE IN MENTAL HEALTH ISSUES STEMMING FROM THE PANDEMIC. EACH OF THESE PATIENTS IS ASSIGNED A SITTER TO PROVIDE ACCESS TO MORE SOCIAL INTERACTION RATHER THAN BEING ISOLATED. THIS GRANT FUNDED ACTIVITY BOOKS, CARD GAMES, PUZZLES, AND BOARD GAMES.

FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

EXPANDED DESCRIPTION OF GRANTS FROM 4C (CAPITAL GRANTS): \$13,607,094

CAPITAL GRANTS

MORTON PLANT MEASE HEALTH CARE FOUNDATION PROVIDES THE HOSPITALS WITH A VARIETY OF CAPITAL FUNDS TO SUPPORT INNOVATIVE MEDICAL TECHNOLOGIES AND FACILITY UPGRADES. IN 2022, THESE CAPITAL FUNDS PURCHASED THE FOLLOWING:

MORTON PLANT HOSPITAL ELECTROPHYSIOLOGY LAB (\$3,381,198)

MORTON PLANT HOSPITAL'S CARDIAC ELECTROPHYSIOLOGY PROGRAM IS A FULL-SERVICE RHYTHM PROGRAM FROM TESTING TO DIAGNOSIS TO TREATMENT OF ANY TYPE OF ARRHYTHMIA. OVER THE ENSUING YEARS, TECHNOLOGY, PROCEDURES, AND APPROACHES TO CARDIOVASCULAR CARE HAVE CONTINUED TO GROW AND EVOLVE. THE CURRENT SYSTEM IN LAB # 1 WAS INSTALLED IN 2009 AND DOES NOT HAVE THE ABILITY TO PERFORM COMPLEX ABLATIONS, HINDERING OPERATIONS AND VOLUME. DESPITE THIS LIMITATION, COMPLEX ABLATION VOLUME CONTINUES TO GROW. UPGRADING LAB # 1 WILL ALLOW MORTON PLANT HOSPITAL TO BETTER SERVE OUR COMMUNITY, PATIENTS, AND PROVIDERS.

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INTERVENTIONAL RADIOLOGY LAB MORTON PLANT HOSPITAL (\$2,399,076)

AN ADDITIONAL INTERVENTIONAL RADIOLOGY SUITE WILL BE ADDED AT MORTON PLANT HOSPITAL TO EXPAND STROKE-RELATED SERVICES AND STREAMLINE PATIENT CARE. THIS EXPANSION IS ESSENTIAL TO DEVELOPING THE INFRASTRUCTURE NECESSARY FOR THE HOSPITAL TO TREAT COMPLEX NEUROVASCULAR CASES AND MAINTAIN PATIENT-CENTERED INTERVENTIONAL RADIOLOGY SERVICES AND WILL INCLUDE A SECOND BIPLANE ANGIOGRAPHY CONFIGURATION FOR COMPLEX NEURO-INTERVENTIONAL PROCEDURES.

MORTON PLANT NORTH BAY HOSPITAL CATHETERIZATION LAB (\$2,072,041)

THANKS TO GRANT FUNDING FROM WOMEN IN PHILANTHROPY, MORTON PLANT NORTH BAY HOSPITAL WILL NOW BE ABLE TO UPGRADE ITS CARDIAC CATHETERIZATION LAB WITH THE PHILIPS AZURION IMAGE-GUIDED THERAPY PLATFORM. THIS EQUIPMENT ALLOWS CLINICIANS TO PERFORM COMPLEX INTERVENTIONAL PROCEDURES SUCH AS ANGIOPLASTY, A MINIMALLY INVASIVE CATHETER-BASED PROCEDURE THAT OPENS NARROWED OR BLOCKED ARTERIES THAT SUPPLY BLOOD TO THE HEART, MORE PRECISELY. THIS TECHNOLOGY PRODUCES REAL-TIME IMAGES THAT ARE PROJECTED ON A 58-INCH, HD SCREEN WITH SUCH CLARITY THAT IT ALLOWS CLINICIANS TO NAVIGATE THROUGH THE TINIEST BLOOD VESSELS WITH CONFIDENCE.

MEASE COUNTRYSIDE HOSPITAL CATHETERIZATION LAB (\$2,043,080)

THANKS TO GRANT FUNDING FROM OUR MEN'S GIVING CIRCLE, MEASE COUNTRYSIDE HOSPITAL WILL NOW BE ABLE TO UPGRADE ITS THIRD CARDIAC CATHETERIZATION LAB WITH THE PHILIPS AZURION IMAGE-GUIDED THERAPY PLATFORM. THIS EQUIPMENT ALLOWS CLINICIANS TO PERFORM COMPLEX INTERVENTIONAL PROCEDURES SUCH AS ANGIOPLASTY, A MINIMALLY INVASIVE CATHETER-BASED

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PROCEDURE THAT OPENS NARROWED OR BLOCKED ARTERIES THAT SUPPLY BLOOD TO
THE HEART, MORE PRECISELY.

DA VINCI XI SURGICAL SYSTEM FOR MORTON PLANT HOSPITAL (\$1,450,000)
ROBOTICALLY ASSISTED SURGERY, COMPARED TO OPEN SURGERIES, ARE MINIMALLY
INVASIVE AND CAN PROVIDE THE PATIENT WITH THE ADDED BENEFITS OF LESS
BLOOD LOSS, MINIMAL SCARRING, LESS TRAUMA TO THE BODY, SHORTER LENGTH
OF STAY AND LOWERING THE RISK OF INFECTION, RESULTING IN FASTER
RECOVERY, FEWER COMPLICATIONS, AND OVERALL IMPROVED OUTCOMES. THE
SYSTEM ALLOWS SURGEONS BETTER VISUALIZATION, FULL USE OF THEIR WRISTS,
AND BETTER BODY ERGONOMICS AS THEY ARE GENERALLY SITTING RATHER THAN
STANDING. THE SYSTEM WILL BE USED AT MORTON PLANT HOSPITAL FOR
MINIMALLY INVASIVE SURGICAL PROCEDURES IN THE AREAS OF GYNECOLOGY,
ONCOLOGY, UROLOGY, BARIATRICS, AND GENERAL SURGERY.

MEASE COUNTRYSIDE HOSPITAL STEALTH NAVIGATION O-ARM (\$1,033,891)
THE O-ARM SYSTEM IS AN INTRAOPERATIVE 2D/3D IMAGING SYSTEM THAT IS
DESIGNED TO MEET THE WORKFLOW DEMANDS OF THE SURGICAL ENVIRONMENT. IT
CAN BE USED IN A VARIETY OF PROCEDURES INCLUDING SPINE AND ORTHOPEDICS.
ALONG WITH STEALTHSTATION NAVIGATION, THE O-ARM SYSTEM PROVIDES
ENHANCED 3D VISIBILITY AND SURGICAL FEEDBACK FOR THE SURGEON DURING THE
PROCEDURE. THIS TECHNOLOGY ALLOWS FOR MORE PRECISE HARDWARE PLACEMENT,
DECREASING THE LIKELIHOOD OF REVISION SURGERIES.

VENTILATORS FOR MORTON PLANT (\$526,864) AND MEASE COUNTRYSIDE HOSPITALS
(\$186,747)

NEW VENTILATORS WERE NEEDED TO SAFELY AND EFFECTIVELY MANAGE OUR
MECHANICALLY VENTILATED NEWBORNS WITH THE SAME VENTS BEING USED AT THE

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OTHER BAYCARE FACILITIES. THIS ALLOWS THE HOSPITALS THE ABILITY TO UTILIZE MODES OF VENTILATION THAT ARE NOT READILY AVAILABLE ON THE PRESENT VENTS AND STANDARDIZES THE TYPE OF VENT OUR CAREGIVERS ARE FAMILIAR WITH. THE NEW VENTS ARE INTERCHANGEABLE AND CAN BE USED WITH BOTH ADULT AND PEDIATRIC PATIENTS.

PHYSIOLOGICAL MONITORS FOR NICU (\$270,140)

THE PHYSIOLOGIC MONITORS IN MEASE COUNTRYSIDE HOSPITAL'S LEVEL III NICU PROVIDE ESSENTIAL INFORMATION TO THE CARE TEAM ON THE STATUS OF OUR INFANTS RECEIVING CRITICAL CARE. USING THIS INFORMATION, THE CLINICAL STAFF CAN BETTER EVALUATE A PATIENT'S CONDITION AND MAKE APPROPRIATE TREATMENT DECISIONS. THANKS TO FUNDING FROM OUR SKIP CLINE SOCIETY, THESE NEW MONITORS AND SYSTEM ARE QUIETER AND FEATURE IMPROVED ALARM MANAGEMENT.

MORTON PLANT HOSPITAL CARDIAC REHAB TELEMETRY (\$122,870)

THE MORTON PLANT HOSPITAL CARDIAC REHABILITATION PROGRAM CARES FOR PATIENTS WHO ARE POST CARDIAC SURGERIES INCLUDING, BUT NOT LIMITED TO BYPASS, AORTIC VALVE, MITRAL VALVE, TAVR, PCI. OTHER DIAGNOSES INCLUDE ANGINA, CONGESTIVE HEART FAILURE, AND POST MI. THE NEW SYSTEM ALLOWS THE HOSPITAL TO MONITOR PATIENTS WHILE THEY ARE EXERCISING AND COMMUNICATES DIRECTLY WITH OUR EXISTING PATIENT SAFETY SOFTWARE. A NEW TELEMETRY SYSTEM WILL PROVIDE RELIABLE DOCUMENTATION AND THE ABILITY TO ADMIT ADDITIONAL PATIENTS TO THE PROGRAM.

ANGEL EYE NICU VIEW SYSTEM AT MEASE COUNTRYSIDE (\$52,500)

WHILE MOST PREGNANCIES END WITH A HEALTHY BABY, ABOUT 10% OF NEONATES REQUIRE SPECIAL CARE IN THE NICU, WHICH CAN CAUSE HIGH LEVELS OF

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ANXIETY FOR THEIR FAMILIES. THE ANGEL EYE SYSTEM ALLOWS FAMILIES THE ABILITY TO SEE THEIR INFANTS, RECEIVE COMMUNICATION UPDATES, AND VIEW EDUCATIONAL MATERIALS ON ANY DEVICE WITH INTERNET. THIS TECHNOLOGY GIVES FAMILIES 24/7 ACCESS TO VIEW THEIR BABIES IN THE NICU TO ALLOW FAMILIES TO FEEL LIKE AN INTEGRAL PART OF THEIR BABY'S CARE TEAM.

VOLUNTEER SERVICES: CARELIFT VAN (\$26,948)

CARELIFT IS OUR FREE TRANSPORTATION SERVICE TO GET PATIENTS TO AND FROM MEDICAL APPOINTMENTS, AS WELL AS RIDES FOR PATIENTS BEING DISCHARGED FROM THE HOSPITAL. THE SERVICE BEGAN MORE THAN 20 YEARS AGO WHEN VOLUNTEERS EXPRESSED CONCERN ABOUT PATIENTS WHO WERE TOO SICK TO GET BEHIND THE WHEEL AND LACKED NEARBY FAMILY TO DRIVE THEM. THIS COMMUNITY OUTREACH PROGRAM BOASTS SEVERAL MINIVANS STAFFED WITH MORE THAN 150 VOLUNTEERS WHO SERVE AS DRIVERS, AIDES AND DISPATCHERS.

PSYCHIATRIC MEDICAL BEDS FOR MPH (\$25,733)

THE PSYCHIATRIC MEDICAL BEDS FACILITATED THE CARE TEAM TO PROVIDE SPECIFIC MEDICAL TREATMENTS WHILE ENSURING THE ENVIRONMENT OF CARE IS BEST FOR THOSE PATIENTS IN NEED OF ACUTE INPATIENT BEHAVIORAL HEALTH SERVICES. THE ENHANCEMENT OF PATIENT CARE WILL BE ACHIEVED THROUGH EXPANDED ACCESS TO THE INPATIENT BEHAVIORAL HEALTH ENVIRONMENT OF CARE, WHICH IS CRITICAL IN DELIVERING SAFE AND EFFECTIVE SERVICES IN THE INPATIENT BEHAVIORAL HEALTH SETTING. THIS GRANT PROVIDED THREE PSYCHIATRIC MEDICAL BEDS FOR MORTON PLANT HOSPITAL.

LUCAS TRAINING DEVICE FOR NURSING EDUCATION (\$12,026)

OUR HOSPITAL EMERGENCY DEPARTMENTS HAVE LUCAS CHEST COMPRESSION SYSTEMS FOR EMERGENCY CODES THAT OCCUR WITHIN THE UNIT. THE LUCAS DEVICES ARE

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ALSO BROUGHT TO CODES THAT OCCUR IN OTHER HOSPITAL UNITS. THE LUCAS DEVICE HAS BEEN SHOWN TO IMPROVE THE QUALITY OF CHEST COMPRESSIONS. FUNDING FOR THIS GRANT HELPED PROVIDE A LUCAS TRAINING DEVICE FOR THE NURSING EDUCATION TEAM ON THE MEASE DUNEDIN HOSPITAL CAMPUS TO ENSURE OPTIMAL TRAINING AND USE OF THE DEVICE FOR OUR TEAM MEMBERS.

MADONNA PTAK MORTON PLANT REHABILITATION CENTER FOUNTAIN PLANTER (\$4,000)

THIS IS A FAMILY-DESIGNATED GRANT FOR MADONNA PTAK MORTON PLANT REHABILITATION CENTER THAT FUNDED A LARGE, THREE-TIER FOUNTAIN-LIKE STRUCTURE FILLED WITH FLOWERS FOR RESIDENTS TO SIT OUTSIDE AND ENJOY A PEACEFUL SPACE. THERE WILL ALSO BE A PLAQUE IN MEMORY OF THE FAMILY'S FATHER WHO WAS A RESIDENT AT MADONNA PTAK REHAB.

**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

2022

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
MORTON PLANT HOSPITAL ASSOCIATION, INC. - 59-0624462, 300 PINELLAS STREET, CLEARWATER, FL 33756	HOSPITAL	FLORIDA	501(C)(3)	PUBLIC CHARITY	N/A		X
TRUSTEES OF MEASE HOSPITAL, INC. - 59-0855412, 300 PINELLAS STREET, CLEARWATER, FL 33756	HOSPITAL	FLORIDA	501(C)(3)	PUBLIC CHARITY	N/A		X
MORTON PLANT MEASE HEALTH CARE, INC. - 59-2374556, 300 PINELLAS STREET, CLEARWATER, FL 33756	HOSPITAL	FLORIDA	501(C)(3)	PUBLIC CHARITY	N/A		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

MORTON PLANT MEASE HEALTH CARE
FOUNDATION, INC.

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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

CHARITABLE REMAINDER TRUSTS (6)

DIRECT CONTROLLING ENTITY: MORTON PLANT MEASE HEALTH CARE FOUNDATION, INC.