

Return of Organization Exempt From Income Tax

Form 990

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

2023

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Header section A-M containing organization name, EIN, address, and tax status.

Part I Summary

Table with columns for Revenue, Expenses, and Net Assets or Fund Balances, listing various financial metrics.

Part II Signature Block

Signature block containing officer and preparer information, including signatures and dates.

May the IRS discuss this return with the preparer shown above? See instructions

MORTON PLANT MEASE HEALTH CARE FOUNDATION, INC.

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 \$ 2,435,519. including grants of \$ 2,392,216.) (Revenue \$) PROVIDING SUPPORT TO ENHANCE THE QUALITY OF CLINICAL CARE FROM MORTON PLANT MEASE NURSES, PHYSICIANS, AND VOLUNTEERS, INCLUDING: NATIONALLY RECOGNIZED VIRTUAL NURSE PILOT PROGRAM FOCUSED ON COMPLEMENTING THE BEDSIDE NURSE; CANCER-RELATED CLINICAL RESEARCH STUDIES MANAGED BY RADIATION ONCOLOGY NURSE; DR. GEORGE MORRIS EARN AS YOU LEARN NURSING SCHOLARSHIPS; FAMILY MEDICINE RESIDENCY CLINICAL TRAINING; PHYSICIAN ENGAGEMENT PILOT PROGRAM TO PREVENT BURNOUT; AND NURSING ADVANCEMENT PROGRAMS. SEE SECTION O FOR A DETAILED DESCRIPTION OF PROGRAMS REQUESTED BY THE HOSPITALS OF MORTON PLANT MEASE.

4b (Code:) (Expenses \$ 905,882. including grants of \$ 889,776.) (Revenue \$) PROVIDING DISEASE SPECIFIC PROGRAMS TO IMPROVE THE HEALTH OF THE COMMUNITY, INCLUDING: ADULT CANCER SURVIVORS AND CAREGIVERS RETREAT; MAMMOGRAPHY VOUCHER PROGRAM PROVIDING BREAST CANCER SCREENINGS AND TREATMENT; MEDICAL FITNESS PROGRAM TARGETING CHRONIC DISEASE; SLEEP DISORDERS CLINIC DISTRIBUTION OF HOME SLEEP TESTS; INTEGRATIVE MEDICINE SYMPTOM MANAGEMENT; 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 PROGRAMS REQUESTED BY THE HOSPITALS OF MORTON PLANT MEASE.

4c (Code:) (Expenses \$ 6,373,560. including grants of \$ 6,260,240.) (Revenue \$) PROVIDING CAPITAL SUPPORT TO THE HOSPITALS OF MORTON PLANT MEASE, INCLUDING: ION ENDOLUMINAL ROBOTIC SYSTEM AT MEASE COUNTRYSIDE HOSPITAL TO FIND AND TREAT LUNG ISSUES IN THE EARLIEST STAGES; ANGEL EYE CAMERA SYSTEM PROVIDING FAMILIES 24/7 ACCESS TO VIEW THEIR BABIES IN THE NEONATAL INTENSIVE CARE UNIT; STATE-OF-THE-ART CARDIOVASCULAR ENHANCEMENTS, INCLUDING MULTIPLE ECHOCARDIOGRAM MACHINES AND UPDATING THE CATHETERIZATION LAB AT MORTON PLANT HOSPITAL; MEASE DUNEDIN HOSPITAL'S FIRST DA VINCI SURGICAL SYSTEM FOR ROBOTIC ASSISTED 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 9,714,961.

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 <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		
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	

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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 noncash 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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	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?	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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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

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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) SYDNEY NIEWIERSKI CHAIRWOMAN	6.00	X		X			0.	0.	0.	
(2) JON M. BRETHAUER VICE CHAIR	6.00	X		X			0.	0.	0.	
(3) THOMAS J. KUREY, III TREASURER	6.00	X		X			0.	0.	0.	
(4) NANCY PAIKOFF SECRETARY	6.00	X		X			0.	0.	0.	
(5) DAVID ABELSON DIRECTOR	1.00	X					0.	0.	0.	
(6) FRED AHARI DIRECTOR	1.00	X					0.	0.	0.	
(7) MICHAEL BARRY, M.D. DIRECTOR	1.00	X					0.	0.	0.	
(8) RAY BOUCHARD DIRECTOR	1.00	X					0.	0.	0.	
(9) ALLIE CANTONIS DIRECTOR	1.00	X					0.	0.	0.	
(10) PETER B. DIMMITT DIRECTOR	1.00	X					0.	0.	0.	
(11) KEVIN DONOGHUE DIRECTOR	1.00	X					0.	0.	0.	
(12) WILLIAM J. FISHER, JR. DIRECTOR	1.00	X					0.	0.	0.	
(13) YVES GABRIEL, M.D. DIRECTOR	1.00	X					0.	0.	0.	
(14) DIANE GOBO DIRECTOR	1.00	X					0.	0.	0.	
(15) GERRY GOLDHAMMER DIRECTOR	1.00	X					0.	0.	0.	
(16) CHARLES E. HART, JR. DIRECTOR	1.00	X					0.	0.	0.	
(17) JEFFREY JENSEN, D.O. 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) KATHLEEN C. PERROTT DIRECTOR	1.00	X					0.	0.	0.	
(19) NANCY CROY RAMEY DIRECTOR	1.00	X					0.	0.	0.	
(20) ROBERT SORENSEN DIRECTOR	1.00	X					0.	0.	0.	
(21) BENJAMIN C. WHITED, D.O. DIRECTOR	1.00	X					0.	0.	0.	
(22) M. JAVIER ZUNIGA DIRECTOR	1.00	X					0.	0.	0.	
(23) LOU P. GALDIERI DIRECTOR	1.00 45.00	X					0.	1,046,626.	77,927.	
(24) ERNESTINE MORGAN, CFRE PRESIDENT AND CEO	60.00			X			382,457.	0.	57,050.	
(25) KATHRYN LANE DIRECTOR OF FINANCE	50.00				X		101,259.	0.	25,132.	
1b Subtotal							483,716.	1,046,626.	160,109.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							483,716.	1,046,626.	160,109.	

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 3

	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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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	541,952.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	5,913,775.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			6,455,727.			
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)		2,617,675.			2617675.	
	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	25,400,243.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	24,461,260.				
	c Gain or (loss)	7c	938,983.				
	d Net gain or (loss)			938,983.		938,983.	
8 a Gross income from fundraising events (not including \$ 541,952. of contributions reported on line 1c). See Part IV, line 18	8a		547,548.				
b Less: direct expenses	8b	404,664.					
c Net income or (loss) from fundraising events			142,884.		142,884.		
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			10,155,269.	0.	0.	3699542.	

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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 ...	9,542,232.	9,542,232.		
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)	439,507.	131,852.	43,951.	263,704.
7 Other salaries and wages	925,293.		329,559.	595,734.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	69,469.		26,653.	42,816.
9 Other employee benefits	127,735.	7,395.	39,151.	81,189.
10 Payroll taxes	83,563.	7,312.	23,502.	52,749.
11 Fees for services (nonemployees):				
a Management				
b Legal	800.		400.	400.
c Accounting	49,500.		49,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	404,280.		404,280.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	204,362.	4,948.	5,001.	194,413.
12 Advertising and promotion	38,748.	3,875.	10,934.	23,939.
13 Office expenses	67,591.	1,993.	45,289.	20,309.
14 Information technology				
15 Royalties				
16 Occupancy	149,562.	12,986.	41,971.	94,605.
17 Travel	4,816.		1,322.	3,494.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	20,264.		4,257.	16,007.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	27,067.	2,368.	7,613.	17,086.
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	27,668.		16,601.	11,067.
b PROSPECT RESEARCH	6,756.		676.	6,080.
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	12,189,213.	9,714,961.	1,050,660.	1,423,592.
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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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	381,360.	2	512,514.
	3 Pledges and grants receivable, net	4,017,931.	3	3,526,348.
	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	329,803.	9	367,642.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,667,850.		
	b Less: accumulated depreciation	10b 1,331,428.		
	11 Investments - publicly traded securities	77,614,790.	11	84,015,747.
	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	26,270,432.	15	28,034,347.
16 Total assets. Add lines 1 through 15 (must equal line 33)	108,978,355.	16	116,793,570.	
Liabilities	17 Accounts payable and accrued expenses	451,203.	17	363,925.
	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	5,004,239.	25	4,306,156.
	26 Total liabilities. Add lines 17 through 25	5,455,442.	26	4,670,081.
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	30,117,682.	27	35,806,640.
	28 Net assets with donor restrictions	73,405,231.	28	76,316,849.
	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	103,522,913.	32	112,123,489.
	33 Total liabilities and net assets/fund balances	108,978,355.	33	116,793,570.

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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	10,155,269.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,189,213.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,033,944.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	103,522,913.
5	Net unrealized gains (losses) on investments	5	8,354,553.
6	Donated services and use of facilities	6	45,527.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	2,234,440.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	112,123,489.

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6465978.	4290245.	15490066.	5844848.	5913775.	38004912.
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	6465978.	4290245.	15490066.	5844848.	5913775.	38004912.
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)						6511096.
6 Public support. Subtract line 5 from line 4.						31493816.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	6465978.	4290245.	15490066.	5844848.	5913775.	38004912.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2476625.	2034005.	2177417.	2326046.	2617675.	11631768.
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						49636680.
12 Gross receipts from related activities, etc. (see instructions)					12	1,733,006.
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 2023 (line 6, column (f), divided by line 11, column (f))	14	63.45 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	62.76 %
16a 33 1/3% support test - 2023. 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 - 2022. 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 - 2023. 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 - 2022. 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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
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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>		

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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
FOUNDATION, INC.

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) 2023

59-1751535 Page 7

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 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

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

2023

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 on line 2a	2c
d Number of conservation easements included on line 2c 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 2d 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) 2023

MORTON PLANT MEASE HEALTH CARE
FOUNDATION, INC.

Schedule D (Form 990) 2023

59-1751535 Page 3

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, line 12, col. (B))		

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, line 13, col. (B))		

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	5,092,432.
(2) EXTERNALLY CONTROLLED ENDOWMENTS	17,476,543.
(3) INTEREST RECEIVABLE	94,256.
(4) OTHER ASSETS	59,780.
(5) REMAINDER INTEREST IN TRUST AND ESTATES	5,311,336.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	28,034,347.

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	3,488,835.
(3) LIABILITY UNDER TRUST AGREEMENTS	817,321.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	4,306,156.

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) 2023

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	20,235,007.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	8,354,553.	
b	Donated services and use of facilities	2b	71,027.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	2,058,438.	
e	Add lines 2a through 2d	2e		10,484,018.
3	Subtract line 2e from line 1	3		9,750,989.
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	404,280.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		404,280.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		10,155,269.

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	11,634,431.
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	-2.	
e	Add lines 2a through 2d	2e		25,498.
3	Subtract line 2e from line 1	3		11,608,933.
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	404,280.	
b	Other (Describe in Part XIII.)	4b	176,000.	
c	Add lines 4a and 4b	4c		580,280.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		12,189,213.

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, 2023 AND 2022, 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)*

CHANGE IN SPLIT-INTEREST AGREEMENTS 2,063,664.

UNCOLLECTIBLE PLEDGES -5,226.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 2,058,438.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ROUNDING -2.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

PRIOR YEAR GRANT REFUND 176,000.

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	PLANTERS	6	(add col. (a) through col. (c))	
	Revenue	(event type)	(event type)	(total number)		
1	Gross receipts	265,106.	105,084.	365,508.	735,698.	
2	Less: Contributions	159,773.	92,785.	289,394.	541,952.	
3	Gross income (line 1 minus line 2)	105,333.	12,299.	76,114.	193,746.	
Direct Expenses	4	Cash prizes		5,500.	5,500.	
	5	Noncash prizes				
	6	Rent/facility costs	22,500.		6,964.	29,464.
	7	Food and beverages	40,389.	18,618.	96,242.	155,249.
	8	Entertainment		20,000.	14,633.	34,633.
	9	Other direct expenses	50,425.	15,033.	107,640.	173,098.
10	Direct expense summary. Add lines 4 through 9 in column (d)				397,944.	
11	Net income summary. Subtract line 10 from line 3, column (d)				-204,198.	

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		
Direct Expenses	2	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	<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: _____

**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

2023

**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)	5,689,270.	0.			SEE SCHEDULE O FOR GRANT DESCRIPTIONS
TRUSTEES OF MEASE HOSPITAL, INC. 300 PINELLAS STREET CLEARWATER, FL 33756	59-0855412	501(C)(3)	3,741,462.	0.			SEE SCHEDULE O FOR GRANT DESCRIPTIONS
BAYCARE MEDICAL GROUP, INC. 3503 E FRONTAGE ROAD TAMPA, FL 33607	59-3140335	501(C)(3)	111,500.	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 **3.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2023

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

2023

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
1a		
1b		
2		
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

MORTON PLANT MEASE HEALTH CARE
FOUNDATION, INC.

59-1751535

Schedule J (Form 990) 2023

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)	951,728.	0.	94,898.	51,252.	26,675.	1,124,553.	0.
(2) ERNESTINE MORGAN, CFRE PRESIDENT AND CEO	(i)	319,857.	0.	62,600.	39,255.	17,795.	439,507.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(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. A PORTION OF THE PRESIDENT & CEO'S CURRENT YEAR COMPENSATION WAS DUE TO A PAYOUT OF PTO AS EXECUTIVES ARE NO LONGER ALLOWED TO ACCRUE PTO.

PART I, LINE 4B:

LINE 4B: 457(F) NONQUALIFIED RETIREMENT PLAN, 2023 CONTRIBUTIONS WERE AS FOLLOWS: ERNESTINE MORGAN \$62,600 & LOUIS GALDIERI \$94,898.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

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	1,127,081.	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**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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.		

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

Schedule M (Form 990) 2023

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

2023

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:

RESPIRATORY THERAPIST PROGRAM (\$181,588)

EMPLOYMENT OF RESPIRATORY THERAPISTS IS PROJECTED TO GROW 23% FROM 2020

TO 2030, MUCH FASTER THAN THE AVERAGE FOR ALL OCCUPATIONS. THERE IS

CURRENTLY A SIGNIFICANT SHORTAGE OF RESPIRATORY THERAPISTS THROUGHOUT

OUR HOSPITALS. THIS GRANT WILL PROVIDE TUITION REIMBURSEMENT FOR UP TO

10 GRADUATES WHILE FUNDING ONE CLINICAL INSTRUCTOR FOCUSING EXCLUSIVELY

ON OVERSEEING AND COORDINATING OVERSIGHT OF RESPIRATORY THERAPIST

STUDENTS.

ADVANCING PARAMEDICS AND LPNS TO REGISTERED NURSES (\$122,800)

CURRENTLY, THERE IS A LARGE NUMBER OF PARAMEDICS AND LPNS WITHIN OUR

HOSPITALS INTERESTED IN BECOMING A NURSE. THESE PARAMEDICS AND LPNS,

UPON COMPLETING THE PROGRAM, WILL FILL NURSING VACANCIES AT ALL FOUR OF

THE HOSPITALS OF MORTON PLANT MEASE. THIS NEW PILOT PROGRAM, IN

PARTNERSHIP WITH PASCO-HERNANDO STATE COLLEGE, IS AIMED AT HELPING THE

CURRENT NURSING SHORTAGE.

EVIDENCE-BASED PRACTICE SPECIALIST (\$117,312)

EVIDENCE-BASED PRACTICE (EBP) IS A PROCESS THAT INVOLVES SHARED

CLINICAL DECISION-MAKING TO GUIDE POLICY AND PRACTICE DECISIONS, BASED

ON THE BEST AVAILABLE RESEARCH, DATA, CLINICAL EXPERTISE, AND PATIENT

PREFERENCES TO IMPROVE THE CARE FOR ALL WE SERVE. FROM THE PATIENT CARE

SIDE, THE POSITION IS FOCUSED ON IMPROVING THE PATIENT EXPERIENCE,

DECREASING HOSPITAL READMISSIONS, DECREASING LENGTH OF STAY, AND

DECREASING HOSPITAL-ASSOCIATED INFECTIONS AND MORTALITY.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization	MORTON PLANT MEASE HEALTH CARE FOUNDATION, INC.	Employer identification number	59-1751535
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WELLNESS IS EVERYTHING PHYSICIAN ENGAGEMENT (\$111,500)

PHYSICIAN BURNOUT IS A KEY CONTRIBUTOR TO THE EVER-GROWING PHYSICIAN WORKFORCE SHORTAGE. NOWHERE IS THAT STRAIN MORE APPARENT THAN WITHIN LARGE MULTI-SPECIALTY GROUPS. BAYCARE HEALTH SYSTEM'S PHYSICIAN PRACTICE GROUP, BAYCARE MEDICAL GROUP (BMG), EMPLOYS 544 PHYSICIANS AND 180 ADVANCE CARE PRACTITIONERS (ACPS) ACROSS WEST-CENTRAL FLORIDA. BMG DEVELOPED A PILOT PROGRAM INCORPORATING THREE KEY STRATEGIC INTERVENTIONS TO IMPROVE WELL-BEING AND INCREASE ENGAGEMENT AMONG PHYSICIANS AND ACPS TO PREVENT BURNOUT.

NEUROSURGICAL PHYSICIAN ASSISTANT RESIDENCY PROGRAM (\$100,000)

FROM CRANIAL NEUROSURGERY, SPINE SURGERY, STROKE, AND INTERVENTIONAL NEURORADIOLOGY, MORTON PLANT HOSPITAL REMAINS THE COMMUNITY LEADER IN NEURO-INTERVENTIONAL CARE. IN PARTNERSHIP WITH THE UNIVERSITY OF TAMPA, THIS NEW PILOT PROGRAM IS A ONE-YEAR, ACCREDITED PROGRAM THAT INCLUDES THE FULL SPECTRUM OF CERTIFICATION REQUIREMENTS TO PREPARE THE RESIDENTS TO PERFORM THE TASKS OF AN EXPERIENCED PA IN NEUROSURGERY INCLUDING PARTICIPATING IN HOSPITAL ROUNDS.

SLEEP DISORDERS HOME SLEEP TESTING PROGRAM (\$100,000)

AFTER THE COVID PANDEMIC, OUR HOSPITALS ARE TRANSITIONING SLEEP TESTS TO HOME SLEEP TESTING. TO SCHEDULE A PATIENT WITH A CURRENT ORDER FOR AN IN-LAB TEST SLEEP STUDY, THE WAIT IS CURRENTLY OVER THREE MONTHS, AND THE AVERAGE TURNAROUND TIME FOR HOME DEVICES IS SEVEN DAYS. THIS GRANT WILL HELP IMPROVE PATIENT SATISFACTION BY PROVIDING NEEDED SERVICES QUICKER, NOT WASTING RESOURCES ON A MORE EXPENSIVE IN-LAB TEST, NOT HAVING TO PAY OUT OF POCKET, TESTING IN THEIR HOME

Name of the organization MORTON PLANT MEASE HEALTH CARE FOUNDATION, INC.	Employer identification number 59-1751535
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ENVIRONMENT, AND IMPROVING THE HEALTH SYSTEM'S SCHEDULING PROCESS.

PLASMA AMYLOID TESTING FOR DEMENTIA PATIENTS (\$50,000)

DEMENTIA IS A GENERALIZED TERM REFERRING TO COGNITIVE DECLINE INTERFERING WITH DAILY FUNCTIONING. EARLY DETECTION IS ESSENTIAL FOR THE DISEASE COURSE DUE TO ITS PROGRESSIVE NATURE. CURRENTLY, THE MOST ACCESSIBLE DIAGNOSTIC TOOL TO DETECT AMYLOID BETA PEPTIDES, THE PROTEINS DEPOSITED IN ALZHEIMER'S DISEASED BRAINS, IS A LUMBAR PUNCTURE, WHICH CAN BE AN INVASIVE TEST. THIS GRANT REQUEST WILL PROVIDE COST-FREE PLASMA AMYLOID TESTING TO DEMENTIA PATIENTS WITH FINANCIAL NEEDS.

NURSE WELLNESS PROGRAM AT MEASE COUNTRYSIDE (\$31,500)

HEALTH CARE WORKFORCE BURNOUT RATES, TURNOVER, AND GENERAL LACK OF ENGAGEMENT HAVE SURGED RECENTLY. THE GOAL OF THIS PILOT PROGRAM IS TO HELP REDUCE THE ANXIETY, STRESS, AND FATIGUE OF OUR NURSES AND INVEST IN THEIR WELL-BEING BY FUNDING OUR OWN NURSE LEADERS AT MEASE COUNTRYSIDE HOSPITAL TO COMPLETE THE CERTIFIED NURSE COACH TRAINING PROGRAM TO BETTER PROVIDE OUR TEAM WITH SUPPORT ON-SITE, COPING MECHANISMS AND MENTORSHIP FROM PEERS.

VIRTUAL NURSE PILOT PROGRAM (\$29,500)

MORTON PLANT HOSPITAL PILOTED A VIRTUAL NURSE PROGRAM TO REDUCE THE ADMINISTRATIVE TASKS THAT OFTEN BURDEN THE FRONTLINE NURSING TEAM. THE PURPOSE OF THE VIRTUAL NURSE PROGRAM IS TO COMPLEMENT THE BEDSIDE NURSE, NOT REPLACE THEM. THE GOAL IS TO IMPROVE NURSING SATISFACTION, ENHANCE THE PATIENT EXPERIENCE, AND REDUCE PATIENT HARM. THE VIRTUAL NURSE WILL BE FOCUSED ON HELPING WITH ADMISSIONS, DISCHARGES, PATIENT

Name of the organization MORTON PLANT MEASE HEALTH CARE FOUNDATION, INC.	Employer identification number 59-1751535
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EDUCATION, OR FOLLOW-UP PHONE CALLS.

LIVING SPRINGS CANCER RETREAT (\$24,375)

AFTER A PAUSE DUE TO COVID, VOLUNTEER RESOURCES HOSTED THE LIVING SPRINGS RETREAT AT THE SAFETY HARBOR RESORT AND SPA IN EARLY SEPTEMBER. THIS ADULT CANCER SURVIVOR WEEKEND RETREAT IS OFFERED AT NO COST AND FEATURED ENTERTAINMENT AND SPA SERVICES FOR ADULT CANCER SURVIVORS AND THEIR CAREGIVERS. THIS MEMORABLE WEEKEND PROMOTES CAMARADERIE AND SHARED EXPERIENCES WHILE NURTURING THE SPIRIT OF THOSE TOUCHED BY CANCER.

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

RESEARCH CONTINUES TO PROJECT THAT DESPITE THE CURRENT EASING OF THE NURSING SHORTAGE, 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.

SUPPORTIVE BEREAVEMENT RESOURCES & MEMORY MAKING (\$9,020)

THERE HAS BEEN AN INCREASE IN ADULT ICU AND FETAL DEMISE CONSULTS TO PROVIDE BEREAVEMENT SUPPORT TO CHILDREN SUFFERING THE LOSS OF A LOVED ONE. THIS HAS LED TO NEEDING ADDITIONAL BEREAVEMENT RESOURCES TO PROVIDE THERAPEUTIC INTERVENTIONS AND SUPPORT DURING THESE CONSULTS. ITEMS WILL EQUIP THESE CHILDREN AND FAMILIES WITH RESOURCES TO AID COPING IN THEIR GRIEF JOURNEY.

FLEECE BLANKETS FOR PEDIATRIC EMERGENCY ROOM PATIENTS (\$4,000)

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THE SEWING ROOM CURRENTLY MAKES FLEECE BLANKETS FOR OUR PEDIATRIC PATIENTS OR VISITORS IN THE EMERGENCY ROOM. GRANT DOLLARS WILL BE USED TO PURCHASE MORE FLEECE FABRIC TO CONTINUE THIS SPECIAL GIFT FOR THE CHILDREN IN OUR ERS. THIS GIFT HELPS TO ALLEVIATE SOME STRESS AND PROVIDE COMFORT TO PEDIATRIC PATIENTS WHILE IN OUR CARE.

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

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.

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

Name of the organization **MORTON PLANT MEASE HEALTH CARE
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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.

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.

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).
THESE SCHOLARSHIPS ASSIST THE TEAM MEMBER WITH EXPENSES (BEYOND
TUITION) THAT CAN BE A BARRIER TO ACHIEVING THEIR RN DEGREE.

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.

Name of the organization MORTON PLANT MEASE HEALTH CARE
FOUNDATION, INC.

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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.

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.

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.

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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:

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.

Name of the organization	MORTON PLANT MEASE HEALTH CARE FOUNDATION, INC.	Employer identification number	59-1751535
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN SPLIT INTEREST AGREEMENTS	2,063,664.
ROUNDING	2.
UNCOLLECTIBLE PLEDGES	-5,226.
PRIOR YEAR GRANT REFUND	176,000.
TOTAL TO FORM 990, PART XI, LINE 9	2,234,440.

PART XII, LINE 2C

THE AUDIT REPORT IS REVIEWED AND APPROVED BY THE FINANCE COMMITTEE. THE AUDITORS THEN PRESENT THE AUDIT REPORT TO THE BOARD OF DIRECTORS AT THE NEXT SCHEDULED BOARD MEETING WHERE IT IS REVIEWED. A COMPLETE COPY IS THEN MADE AVAILABLE TO EACH BOARD MEMBER.

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). THANKS TO THE COMMUNITY'S PHILANTHROPIC GENEROSITY, MORTON PLANT MEASE HEALTH CARE FOUNDATION GRANTED \$9.6 MILLION IN 2023. STAYING TRUE TO OUR MISSION AND REMAINING STEADFAST IN OUR COMMITMENT, \$9.6 MILLION IN 2023 WAS INVESTED IN 37 PROGRAMS AND 21 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:

Name of the organization	MORTON PLANT MEASE HEALTH CARE FOUNDATION, INC.	Employer identification number	59-1751535
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FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

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

\$2,392,216

FAMILY MEDICINE RESIDENCY PROGRAM (\$525,000)

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

ADDITIONALLY, THE RESIDENCY AND THE TURLEY FAMILY HEALTH CENTER SUPPORT 42,000 PATIENT VISITS PER YEAR AND LABORATORY, IMAGING, AND SOCIAL SERVICES. GRANT DOLLARS FUND CLINIC OPERATIONS, PHYSICIAN STAFFING, RESIDENCY ADMINISTRATION, AND FACILITY EXPENSES.

ELEANOR THOMPSON NURSING SCHOOL (\$321,711)

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 400 QUALIFIED NURSING ASSISTANTS OVER THE PAST DECADE. WHEN TEAM MEMBERS COMPLETE THE PROGRAM, THEY ARE GUARANTEED A PATIENT CARE POSITION IN AN INPATIENT UNIT.

RESPIRATORY THERAPIST PROGRAM (\$181,588)

EMPLOYMENT OF RESPIRATORY THERAPISTS IS PROJECTED TO GROW 23% FROM 2020 TO 2030, MUCH FASTER THAN THE AVERAGE FOR ALL OCCUPATIONS. THERE IS CURRENTLY A SIGNIFICANT SHORTAGE OF RESPIRATORY THERAPISTS THROUGHOUT OUR HOSPITALS. THIS GRANT WILL PROVIDE TUITION REIMBURSEMENT FOR UP TO 10 GRADUATES WHILE FUNDING ONE CLINICAL INSTRUCTOR FOCUSING EXCLUSIVELY ON OVERSEEING AND COORDINATING OVERSIGHT OF RESPIRATORY THERAPIST STUDENTS.

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FAMILY CARE FUND (\$161,059)

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 OVER \$160,000 TO TEAM MEMBERS WITH NOWHERE ELSE TO TURN.

CLINICAL RESEARCH NURSE FOR RADIATION ONCOLOGY (\$153,018)

A FULL-TIME CLINICAL RESEARCH NURSE SUPERVISOR WAS ASSIGNED TO SUPPORT RADIATION ONCOLOGY AND HAS EXPANDED NEW CLINICAL TRIALS AT MORTON PLANT HOSPITAL. TWO NEW MOFFITT-PHYSICIAN-INITIATED TRIALS STARTED IN 2023 WHILE MAINTAINING FIVE ALLIANCE RADIATION ONCOLOGY TRIALS, ENROLLING 14 PATIENTS. MORTON PLANT MEASE IS ACCREDITED BY THE COMMISSION ON CANCER, A DISTINCTION THAT RECOGNIZES OUR COMMITMENT TO IMPROVING CANCER PATIENTS' SURVIVAL AND QUALITY OF LIFE.

ADVANCING PARAMEDICS AND LPNS TO REGISTERED NURSES (\$122,800)

CURRENTLY, MANY PARAMEDICS AND LPNS WITHIN OUR HOSPITALS ARE INTERESTED IN BECOMING A NURSE. THESE PARAMEDICS AND LPNS, UPON COMPLETING THE PROGRAM, WILL FILL NURSING VACANCIES AT ALL FOUR OF THE HOSPITALS OF MORTON PLANT MEASE. THIS NEW PILOT PROGRAM, IN PARTNERSHIP WITH PASCO-HERNANDO STATE COLLEGE, IS AIMED AT HELPING THE CURRENT NURSING SHORTAGE.

DR. GEORGE MORRIS EARN AS YOU LEARN NURSING PROGRAMS (\$118,000)

THE DR. GEORGE MORRIS EARN AS YOU LEARN PROVIDES PARTICIPANTS

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INTERESTED IN BECOMING A NURSE WITH THE OPPORTUNITY TO ATTEND COLLEGE 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.

EVIDENCE-BASED PRACTICE SPECIALIST (\$117,312)

EVIDENCE-BASED PRACTICE (EBP) IS A PROCESS THAT INVOLVES SHARED CLINICAL DECISION-MAKING TO GUIDE POLICY AND PRACTICE DECISIONS, BASED ON THE BEST AVAILABLE RESEARCH, DATA, CLINICAL EXPERTISE, AND PATIENT PREFERENCES TO IMPROVE THE CARE FOR ALL WE SERVE. FROM THE PATIENT CARE SIDE, THE POSITION IS FOCUSED ON IMPROVING THE PATIENT EXPERIENCE, DECREASING HOSPITAL READMISSIONS, DECREASING LENGTH OF STAY, AND DECREASING HOSPITAL-ASSOCIATED INFECTIONS AND MORTALITY.

WELLNESS IS EVERYTHING PHYSICIAN ENGAGEMENT (\$111,500)

PHYSICIAN BURNOUT IS A KEY CONTRIBUTOR TO THE EVER-GROWING PHYSICIAN WORKFORCE SHORTAGE. NOWHERE IS THAT STRAIN MORE APPARENT THAN WITHIN LARGE MULTI-SPECIALTY GROUPS. BAYCARE HEALTH SYSTEM'S PHYSICIAN PRACTICE GROUP, BAYCARE MEDICAL GROUP (BMG), EMPLOYS 544 PHYSICIANS AND 180 ADVANCE CARE PRACTITIONERS (ACPS) ACROSS WEST-CENTRAL FLORIDA. BMG DEVELOPED A PILOT PROGRAM INCORPORATING THREE KEY STRATEGIC INTERVENTIONS TO IMPROVE WELL-BEING AND INCREASE ENGAGEMENT AMONG PHYSICIANS AND ACPS TO PREVENT BURNOUT.

NEUROSURGICAL PHYSICIAN ASSISTANT RESIDENCY PROGRAM (\$100,000)

FROM CRANIAL NEUROSURGERY, SPINE SURGERY, STROKE, AND INTERVENTIONAL

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NEURORADIOLOGY, MORTON PLANT HOSPITAL REMAINS THE COMMUNITY LEADER IN
NEURO-INTERVENTIONAL CARE. IN PARTNERSHIP WITH THE UNIVERSITY OF TAMPA,
THIS NEW PILOT PROGRAM IS A ONE-YEAR, ACCREDITED PROGRAM THAT INCLUDES
THE FULL SPECTRUM OF CERTIFICATION REQUIREMENTS TO PREPARE THE
RESIDENTS TO PERFORM THE TASKS OF AN EXPERIENCED PA IN NEUROSURGERY
INCLUDING PARTICIPATING IN HOSPITAL ROUNDS.

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 ENDOWMENT (\$52,000)

THIS SCHOLARSHIP PROVIDES SUPPLEMENTAL FINANCIAL SUPPORT TO MORTON
PLANT MEASE NURSING STUDENTS AND IS BASED ON FINANCIAL NEED AND NOT
ACCORDING TO OUT-OF-POCKET EXPENSES FOR TUITION AND BOOKS. THE
SCHOLARSHIP AWARD WILL ASSIST IN THE SUCCESSFUL COMPLETION OF NURSING
SCHOOL, WHICH WILL, IN TURN, HELP FILL VACANCIES IN NURSING UNITS AND
CLINICAL DEPARTMENTS. SINCE ITS INCEPTION, MORE THAN \$450,000 HAS BEEN
AWARDED TO 192 NURSING STUDENTS.

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

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**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 BEREAVEMENT PROGRAM SERVES AS A COMPREHENSIVE MODEL FOR SUPPORTING
PATIENT FAMILIES, TEAM MEMBERS AND THE COMMUNITY IN TIMES OF GRIEF.
THE BEREAVEMENT PROGRAM PROVIDES VALUABLE RESOURCES TO FAMILIES AND
LOVED ONES WHO HAVE LOST A LOVED ONE WHILE IN OUR CARE. THIS GRANT
FUNDS A PART-TIME BEREAVEMENT COORDINATOR WHO ASSISTS IN CREATING A
COMPREHENSIVE BEREAVEMENT SUPPORT PROGRAM.**

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

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

**THE KATHERINE T. SMITH NURSING SCHOLARSHIP ENDOWMENT FUND IS AVAILABLE
DUE TO THE GENEROSITY AND LOVE OF NURSING THAT KATHERINE T. SMITH
POSSESSED THROUGHOUT HER PROFESSIONAL NURSING CAREER. TO ADVANCE
NURSING EDUCATION, THIS GRANT REQUEST OFFERS SCHOLARSHIP MONIES TO
QUALIFIED NURSES WHO HAVE ACCEPTED THE CHALLENGE TO PARTICIPATE IN BSN,
MSN, PHD (NURSING), OR DNP DEGREE PROGRAMS.**

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NURSE WELLNESS PROGRAM AT MEASE COUNTRYSIDE (\$31,500)

HEALTH CARE WORKFORCE BURNOUT RATES, TURNOVER, AND GENERAL LACK OF ENGAGEMENT HAVE SURGED RECENTLY. THE GOAL OF THIS PILOT PROGRAM IS TO HELP REDUCE THE ANXIETY, STRESS, AND FATIGUE OF OUR NURSES AND INVEST IN THEIR WELL-BEING BY FUNDING OUR OWN NURSE LEADERS AT MEASE COUNTRYSIDE HOSPITAL TO COMPLETE THE CERTIFIED NURSE COACH TRAINING PROGRAM TO BETTER PROVIDE OUR TEAM WITH SUPPORT ON-SITE, COPING MECHANISMS AND MENTORSHIP FROM PEERS.

VIRTUAL NURSE PILOT PROGRAM (\$29,500)

MORTON PLANT HOSPITAL PILOTED A VIRTUAL NURSE PROGRAM TO REDUCE THE ADMINISTRATIVE TASKS THAT OFTEN BURDEN THE FRONTLINE NURSING TEAM. THE PURPOSE OF THE VIRTUAL NURSE PROGRAM IS TO COMPLEMENT THE BEDSIDE NURSE, NOT REPLACE THEM. THE GOAL IS TO IMPROVE NURSING SATISFACTION, ENHANCE THE PATIENT EXPERIENCE, AND REDUCE PATIENT HARM. THE VIRTUAL NURSE WILL BE FOCUSED ON HELPING WITH ADMISSIONS, DISCHARGES, PATIENT EDUCATION, OR FOLLOW-UP PHONE CALLS.

FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

CONTINUATION OF EXPANDED DESCRIPTION OF GRANTS FROM 4A

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

RESEARCH CONTINUES TO PROJECT THAT DESPITE THE CURRENT EASING OF THE NURSING SHORTAGE, 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 2025. "GROWING OUR OWN" WILL BE LESS EXPENSIVE IN THE LONG RUN. THE EAYL PROGRAM ALSO PRODUCES EMPLOYEE LOYALTY AND INCREASES RETENTION.

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VOLUNTEER NURSE INITIATIVE (\$18,488)

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.

JOAN CLOW SEMINAR FUND (\$16,600)

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.

CHRISTENSEN FAMILY FOUNDATION SCHOLARSHIP (\$10,000)

THE DALE AND CAROLE CHRISTENSEN NURSING SCHOLARSHIP WAS ESTABLISHED BY THE CHRISTENSEN FAMILY FOUNDATION AS A WAY TO HONOR DALE WHO 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)

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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.

DAISY AWARD PROGRAM FOR EXTRAORDINARY NURSES (\$5,500)
 THE DAISY AWARD IS AN INTERNATIONAL PROGRAM THAT REWARDS AND CELEBRATES THE EXTRAORDINARY CLINICAL SKILL AND COMPASSIONATE CARE GIVEN BY NURSES 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.

FLEECE BLANKETS FOR PEDIATRIC EMERGENCY ROOM PATIENTS (\$4,000)
 THE SEWING ROOM CURRENTLY MAKES FLEECE BLANKETS FOR OUR PEDIATRIC PATIENTS OR VISITORS IN THE EMERGENCY ROOM. GRANT DOLLARS WILL BE USED TO PURCHASE MORE FLEECE FABRIC TO CONTINUE THIS SPECIAL GIFT FOR THE CHILDREN IN OUR ERS. THIS GIFT HELPS TO ALLEVIATE SOME STRESS AND PROVIDE COMFORT TO PEDIATRIC PATIENTS WHILE IN OUR CARE.

THE DIANE RAUCH CAMP NURSE JR. (\$1,040)
 THE CAMP IS FOR STUDENTS ENTERING 7TH OR 8TH GRADE AND WILL BE HELD AT THE SALLY L. BAILEY EDUCATION CENTER ON THE MEASE DUNEDIN HOSPITAL CAMPUS. THE HANDS-ON CAMP ALLOWS STUDENTS TO EXPLORE NURSING AND VARIOUS OTHER HEALTH CARE CAREERS IN A FUN AND INTERACTIVE SETTING. THE CAMP IS NAMED IN HONOR OF DIANE RAUCH, A DEDICATED PEDIATRIC OR NURSE

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AND THEN A PINELLAS COUNTY SCHOOL NURSE.

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**EXPANDED DESCRIPTION OF GRANTS FROM 4B (DISEASE SPECIFIC AND COMMUNITY
OUTREACH): \$889,776**

**MADONNA PTAK CENTER FOR ALZHEIMER'S RESEARCH AND MEMORY DISORDERS
(\$308,000)**

**ALZHEIMER'S DISEASE IS THE MOST COMMON FORM OF DEMENTIA A GENERAL TERM
FOR THE LOSS OF MEMORY AND OTHER INTELLECTUAL ABILITIES SERIOUS ENOUGH
TO INTERFERE WITH DAILY LIFE. THE CENTER PROVIDES COMPREHENSIVE CARE TO
PATIENTS WITH ALZHEIMER'S AND OTHER MEMORY LOSS DISORDERS USING A
MULTI-DISCIPLINARY APPROACH WITH THE GOAL OF REDUCING THE LONG-TERM
IMPACT OF MEMORY DISORDERS AND HELPING THE PATIENT LIVE A MORE
FUNCTIONAL LIFE.**

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.**

SLEEP DISORDERS HOME SLEEP TESTING PROGRAM (\$100,000)

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AFTER THE COVID PANDEMIC, OUR HOSPITALS ARE TRANSITIONING SLEEP TESTS TO HOME SLEEP TESTING. TO SCHEDULE A PATIENT WITH A CURRENT ORDER FOR AN IN-LAB TEST SLEEP STUDY, THE WAIT IS CURRENTLY OVER THREE MONTHS, AND THE AVERAGE TURNAROUND TIME FOR HOME DEVICES IS SEVEN DAYS. THIS GRANT WILL HELP IMPROVE PATIENT SATISFACTION BY PROVIDING NEEDED SERVICES QUICKER, NOT WASTING RESOURCES ON A MORE EXPENSIVE IN-LAB TEST, NOT HAVING TO PAY OUT OF POCKET, TESTING IN THEIR HOME ENVIRONMENT, AND IMPROVING THE HEALTH SYSTEM'S SCHEDULING PROCESS.

PLASMA AMYLOID TESTING FOR DEMENTIA PATIENTS (\$50,000)
 DEMENTIA IS A GENERALIZED TERM REFERRING TO COGNITIVE DECLINE INTERFERING WITH DAILY FUNCTIONING. EARLY DETECTION IS ESSENTIAL FOR THE DISEASE COURSE DUE TO ITS PROGRESSIVE NATURE. CURRENTLY, THE MOST ACCESSIBLE DIAGNOSTIC TOOL TO DETECT AMYLOID BETA PEPTIDES, THE PROTEINS DEPOSITED IN ALZHEIMER'S DISEASED BRAINS, IS A LUMBAR PUNCTURE, WHICH CAN BE AN INVASIVE TEST. THIS GRANT REQUEST WILL PROVIDE COST-FREE PLASMA AMYLOID TESTING TO DEMENTIA PATIENTS WITH FINANCIAL NEEDS.

MAMMOGRAPHY VOUCHER PROGRAM (\$40,000)
 FIRST STARTED IN 2000, THIS COMMUNITY BREAST HEALTH SERVICES PROGRAM SERVES UNINSURED AND LOW-INCOME WOMEN WITH ACCESS TO CLINICAL BREAST EXAMS, SCREENING AND DIAGNOSTIC MAMMOGRAMS, BREAST ULTRASOUND, MRIS, FINE NEEDLE ASPIRATIONS, IMAGEGUIDED AND SURGICAL BIOPSIES, SURGICAL CONSULTATIONS, AND TREATMENT.

MATERNITY BLOOD PRESSURE CUFFS (\$28,570)
 HYPERTENSIVE DISORDERS DURING PREGNANCY ARE A LEADING CAUSE OF MATERNAL

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**MORTALITY WORLD-WIDE. THIS PROJECT WILL FUND HOME-MONITORING BLOOD
PRESSURE KITS FOR WOMEN AT HIGHEST RISK FOR DEVELOPING PREECLAMPSIA AND
OTHER HYPERTENSIVE DISORDERS OF PREGNANCY. THE GOAL OF THIS PROGRAM IS
TO IMPROVE THE OUTCOMES OF HYPERTENSIVE DISORDERS OF PREGNANCY BY
EDUCATING, SUPPORTING, ENGAGING THE COMMUNITY AND IMPROVING HEALTH CARE
PRACTICES.**

**INTEGRATIVE MEDICINE PROGRAM FOR CANCER PATIENTS (\$25,000)
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.**

**LIVING SPRINGS CANCER RETREAT (\$24,375)
AFTER A PAUSE DUE TO COVID, VOLUNTEER RESOURCES HOSTED THE LIVING
SPRINGS RETREAT AT THE SAFETY HARBOR RESORT AND SPA IN EARLY SEPTEMBER.
THIS ADULT CANCER SURVIVOR WEEKEND RETREAT IS OFFERED AT NO COST AND
FEATURED ENTERTAINMENT AND SPA SERVICES FOR ADULT CANCER SURVIVORS AND
THEIR CAREGIVERS. THIS MEMORABLE WEEKEND PROMOTES CAMARADERIE AND
SHARED EXPERIENCES WHILE NURTURING THE SPIRIT OF THOSE TOUCHED BY
CANCER.**

**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,**

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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.**

MEDICAL FITNESS PROGRAM (\$21,331)

**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.**

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.**

SUPPORTIVE BEREAVEMENT RESOURCES & MEMORY MAKING (\$9,020)

**THERE HAS BEEN AN INCREASE IN ADULT ICU AND FETAL DEMISE CONSULTS TO
PROVIDE BEREAVEMENT SUPPORT TO CHILDREN SUFFERING THE LOSS OF A LOVED
ONE. THIS HAS LED TO NEEDING ADDITIONAL BEREAVEMENT RESOURCES TO
PROVIDE THERAPEUTIC INTERVENTIONS AND SUPPORT DURING THESE CONSULTS.**

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ITEMS WILL EQUIP THESE CHILDREN AND FAMILIES WITH RESOURCES TO AID
COPING IN THEIR GRIEF JOURNEY.

FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

EXPANDED DESCRIPTION OF GRANTS FROM 4C (CAPITAL GRANTS): \$6,260,240

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 2023, THESE CAPITAL FUNDS PURCHASED THE
FOLLOWING:

MORTON PLANT HOSPITAL CATHETERIZATION LAB (\$2,400,000)

THANKS TO THE COMMUNITY'S SUPPORT OF THE MORAN HEART HOSPITAL COMMUNITY
CHALLENGE, MORTON PLANT HOSPITAL UPGRADED ITS CARDIAC CATHETERIZATION
LABS 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.

DA VINCI XI SURGICAL SYSTEM FOR MEASE DUNEDIN HOSPITAL (\$1,700,000)

ROBOTICALLY-ASSISTED SURGERY, COMPARED TO OPEN SURGERIES, IS 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 LOWER RISK OF INFECTION, RESULTING IN FASTER RECOVERY,
FEWER COMPLICATIONS, AND OVERALL IMPROVED OUTCOMES. THE SYSTEM ALSO
ALLOWS SURGEONS BETTER VISUALIZATION, FULL USE OF THEIR WRISTS, AND
BETTER BODY ERGONOMICS AS THEY GENERALLY SIT RATHER THAN STAND. THANKS

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TO THE COMMUNITY'S PHILANTHROPIC SUPPORT, THIS IS MEASE DUNEDIN
HOSPITAL'S FIRST DA VINCI SURGICAL SYSTEM.

ION ENDOLUMINAL ROBOTIC SYSTEM AT MEASE COUNTRYSIDE (\$613,000)

LUNG CANCER HAS BECOME THE MOST DIAGNOSED CANCER SINCE 2018 WITH MORE
THAN 2.1 MILLION PEOPLE DIAGNOSED EACH YEAR. THIS ION ENDOLUMINAL
ROBOTIC SYSTEM WILL ALLOW OUR INTERVENTIONAL PULMONOLOGISTS AT MEASE
COUNTRYSIDE HOSPITAL TO BIOPSY AREAS OF THE LUNG THAT ARE NOT CURRENTLY
ACCESSIBLE. THE TECHNOLOGY FEATURES AN ULTRA-THIN, ULTRA-MANEUVERABLE
CATHETER THAT ALLOWS NAVIGATION FAR INTO THE PERIPHERAL LUNG, AND THE
PRECISION NEEDED FOR BIOPSY.

CIOS SPIN 3D FLUOROSCOPY (\$370,000)

MORE PEOPLE IN THE UNITED STATES DIE FROM LUNG CANCER THAN ANY OTHER
TYPE OF CANCER. 70% OF EARLY-STAGE LUNG CANCER RESIDES IN THE
TOUGHEST-TO-REACH PARTS OF THE LUNG AND ARE VERY SMALL IN SIZE. THIS
TECHNOLOGY WILL ENABLE MORTON PLANT HOSPITAL TO INCREASE ITS ABILITY TO
DIAGNOSE LUNG CANCER AT AN EARLY STAGE, OFFERING PATIENTS MORE CURATIVE
TREATMENT OPTIONS. THE CIOS SPIN WILL DECREASE PROCEDURE TIME FOR
PATIENTS, AND INCREASE ACCURACY OF BIOPSY NEAR VITAL STRUCTURES.

ECHOCARDIOGRAM MACHINE FOR MEASE DUNEDIN (\$244,206)

ECHOCARDIOGRAM IS OFTEN THE FIRST CARDIAC IMAGING TEST PERFORMED FOR
PATIENTS WITH HEART DISEASE. MEASE DUNEDIN HOSPITAL IS ABLE TO OPEN ITS
SERVICES TO MORE PATIENTS, INCLUDING CANCER PATIENTS. WITH CANCER
PATIENTS, THERE HAS BEEN AN INCREASE IN DEMAND FOR EVALUATIONS OF HEART
FUNCTION BEFORE, DURING, AND AFTER CHEMOTHERAPY TREATMENTS. THIS NEW
MACHINE WILL OFFER THE NEWEST TECHNOLOGY AND ALLOW THE CLINIC TO OFFER

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3D IMAGING.

STRUCTURAL HEART CLINIC ECHO MACHINE AT MORTON PLANT HOSPITAL

(\$197,712)

MORTON PLANT HOSPITAL'S ADVANCED VALVE AND STRUCTURAL HEART CARE CLINIC PROVIDES INNOVATIVE HEART CARE TO PATIENTS THROUGHOUT THE REGION. IN 2022, THEY RECEIVED THE TRANSCATHETER VALVE CERTIFICATION FROM THE AMERICAN COLLEGE OF CARDIOLOGY. THIS NEW MACHINE WILL OFFER THE NEWEST TECHNOLOGY, ALLOWING THE CLINIC TO OFFER 3D AND STRAIN IMAGING.

ELECTROPHYSIOLOGY LAB AT MORTON PLANT HOSPITAL (\$187,791)

MORTON PLANT HOSPITAL'S CARDIAC ELECTROPHYSIOLOGY PROGRAM IS A FULL-SERVICE RHYTHM PROGRAM FROM TESTING TO DIAGNOSIS TO TREATMENT OF ANY TYPE OF ARRHYTHMIA, INCLUDING ATRIAL FIBRILLATION (AFIB), VENTRICULAR TACHYCARDIA, SUPRAVENTRICULAR TACHYCARDIA, AND ATRIAL FLUTTER. AS A LEADER OF CARDIAC ELECTROPHYSIOLOGY, MORTON PLANT HOSPITAL PERFORMS THE MOST COMPLEX PROCEDURES, AND COMPLEX ABLATION VOLUME CONTINUES TO INCREASE.

GE PANDA WARMERS FOR NICU AT MORTON PLANT HOSPITAL (\$80,612)

THIS GRANT FUNDED FOUR NEW PANDA WARMERS FOR THE NICU WITH THE LATEST TECHNOLOGY AND FEATURES. THE PANDA WARMERS WILL DECREASE ALARM FATIGUE AND INCREASE THE TEAMS' EFFICIENCY AS THE NEW DESIGN ALLOWS THE TEAM MORE ROOM TO WORK AND BETTER ACCESS TO THE INFANT FOR BOTH THE NURSES AND PARENTS.

NEONATAL TRANSPORTER AT MORTON PLANT HOSPITAL (\$72,316)

MORTON PLANT HOSPITAL'S NEW NEONATAL TRANSPORTER, WITH AN INTEGRATED

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VENTILATOR, WILL BE UTILIZED TO TRANSPORT CRITICAL NEONATES FROM THE ER AND ORS TO THE HOSPITAL'S LABOR AND DELIVERY AND NICU. THIS TECHNOLOGY WILL ALLOW FOR SAFER AND MORE EFFECTIVE IMMEDIATE STABILIZATION OF THE PRETERM INFANT, WHICH CAN ULTIMATELY LEAD TO DECREASED LENGTH OF STAY AND IMPROVED CRITICAL OUTCOMES.

VIDEO STROBE FOR MORTON PLANT NORTH BAY HOSPITAL'S SPEECH THERAPY DEPARTMENT (\$70,806)

DIGITALLY RECORDS STROBOSCOPIC AND ENDOSCOPIC EXAMS WITH AN HD OPTICAL SYSTEM, OFFERING THE HIGHEST LEVEL OF CONTRAST AND COLOR REPRODUCTION. THIS WILL ALLOW PROVIDERS TO SEE FINE DETAILS OF VOCAL CORDS DURING SPEECH, ALLOWING THEM TO EVALUATE THE MOVEMENT AND ASSESS FOR LARYNGEAL ABNORMALITIES.

FETAL MONITORS FOR MEASE COUNTRYSIDE HOSPITAL (\$64,730)

ELECTRONIC FETAL MONITORING IS ESSENTIAL TO PROVIDING SAFE CARE TO OUR ANTEPARTUM AND INTRAPARTUM PATIENTS. THE MONITORS PROVIDE THE CARE TEAM WITH INFORMATION REGARDING FETAL OXYGENATION. POSITIVE INFANT DELIVERY OUTCOMES ARE REFLECTED IN APGAR SCORES, NICU ADMISSIONS AND CORD GAS VALUES.

GIRAFFE CARE STATION FOR MORTON PLANT'S NICU (\$49,986)

THE GIRAFFE INCUBATOR CARE STATION IS A STATE-OF-THE-ART NEONATAL ENVIRONMENT THAT PROMOTES NATURAL, PEACEFUL HEALING WHILE FOSTERING FAMILY-CENTERED CARE AND BONDING. ADDITIONALLY, THE HEALTH CARE TEAM HAS IMPROVED ACCESS TO THE SMALLEST PATIENTS, GIVING THEM A BETTER CHANCE AT PROVIDING SUCCESSFUL TREATMENT WHILE MAINTAINING A STABLE THERMAL ENVIRONMENT ESSENTIAL FOR NEONATAL HEALING. THESE BEDS CAN ALSO

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BE UTILIZED IN A MOTHER BABY ROOM IF A BABY REQUIRES WARMING AND
PHOTOTHERAPY.

ANGEL EYE NICU VIEW SYSTEM AT MORTON PLANT HOSPITAL (\$47,420)

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

SONOSITE ULTRASOUND FOR MEASE COUNTRYSIDE HOSPITAL'S NICU (\$41,925)

THIS TECHNOLOGY PROVIDED THE NEONATAL TEAM WITH VISUALIZATION TOOLS
NEEDED TO ENHANCE THE CARE OF NEONATES IN THE NICU, INCLUDING IV
PLACEMENT. IT WILL ALLOW INFANTS IN THE COMMUNITY TO ACCESS TREATMENTS
NEEDED FOR THEIR CONDITIONS. IT WILL ALSO REASSURE THE PARENTS OF
INFANTS THAT THE PROCEDURE IS BEING PERFORMED WITH THE NEWEST
TECHNOLOGY, PROVIDING SAFE AND ACCURATE LINE PLACEMENTS.

TECOTHERM NEO-INFANT COOLING SYSTEM (\$38,181)

THIS EQUIPMENT IS ESSENTIAL TO BEGIN THE COOLING PROCESS FOR INFANT
BRAIN INJURY THAT OCCURS WHEN THE BRAIN DOESN'T RECEIVE ENOUGH OXYGEN
OR BLOOD FLOW. COOLING IS RECOGNIZED AS AN EFFECTIVE INTERVENTION TO
DECREASE ADVERSE NEURO-DEVELOPMENTAL OUTCOMES FOLLOWING PERINATAL
ASPHYXIA. THE SYSTEM MONITORS INFANT TEMPERATURE EVERY TWO SECONDS AND
MAKES CHANGES TO COOLING FLUID TO ENSURE THE INFANT'S TEMPERATURE
REMAINS STABLE.

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VOLUNTEER RESOURCES GOLF CART TRAMS (\$24,000)

VOLUNTEER RESOURCES PROVIDES RIDES FOR VISITORS, PATIENTS, FAMILY MEMBERS, AND TEAM MEMBERS FROM VARIOUS LOCATIONS ON OUR HOSPITAL CAMPUSES. THE RIDE HELPS TO ENSURE THESE PEOPLE GET TO THEIR DESTINATION ON TIME AND SAFELY. IT ALSO HELPS TO REDUCE THE NUMBER OF PEOPLE GOING TO THE WRONG BUILDING OF OUR GROWING CAMPUSES. TWO NEW GOLF CARTS ON THE MORTON PLANT HOSPITAL CAMPUS WILL ALLOW THE VOLUNTEER RESOURCES DEPARTMENT TO CONTINUE THIS CUSTOMER SATISFIER AND HELP TO ENSURE DRIVER AND PASSENGER SAFETY.

NURSING SIMULATION EQUIPMENT (\$19,952)

THIS GRANT PROVIDED OUR UNIT-BASED EDUCATORS WITH NEEDED EDUCATIONAL EQUIPMENT FOR THE TRAINING OF TEAM MEMBERS TO IMPROVE TEAM MEMBERS' KNOWLEDGE, SKILL COMPETENCE, AND PROFICIENCY. THIS GRANT HELPED PURCHASE MOBILE VIRTUAL PATIENT MONITORS FOR THE SUSIE SIMULATOR, WHICH ALLOWS EDUCATORS TO CREATE IMMERSIVE SCENARIOS TO ENHANCE SIMULATION-BASED LEARNING, SUCH AS PRACTICING VITAL SIGN DOCUMENTATION AND INTERPRETATION SKILLS AT THE BEDSIDE OR IN TRANSIT.

INBODY TECHNOLOGY TO COMBAT OBESITY FOR MEASE BARIATRIC PROGRAM (\$17,995)

MORE THAN 63% OF PINELLAS COUNTY ADULTS ARE OVERWEIGHT OR OBESE. THIS TECHNOLOGY OFFERS PATIENTS A MORE PERSONALIZED APPROACH TO OBESITY TREATMENT WITH PRECISE DATA MEASUREMENTS. TRADITIONAL MEASUREMENTS OF HEIGHT, WEIGHT, AND AGE DO NOT ANALYZE WHAT'S GOING ON INTERNALLY. INBODY PROVIDES A DIAGNOSTIC TOOL TO PINPOINT WHAT IS HAPPENING INTERNALLY TO DETECT ISSUES SUCH AS EXCESS VISCERAL FAT OR WATER.

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FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

CONTINUATION OF EXPANDED DESCRIPTION OF GRANTS FROM 4C

POST CONCUSSION MANAGEMENT (\$11,000)

OUTPATIENT REHAB IS EXPERIENCING AN INCREASING NUMBER OF REFERRALS FOR A POST-CONCUSSION MANAGEMENT DIAGNOSIS. 3D MODELING TECHNOLOGY ALLOWS FOR SUPERIOR EYE MOVEMENT TESTING AND OBSERVATION RELATED TO VESTIBULAR PATHOLOGY SEEN IN POST-CONCUSSION PATIENTS. THIS TECHNOLOGY WILL ENHANCE PATIENT EDUCATION WITH SELF-TREATMENT TECHNIQUES FOR HOME MANAGEMENT UTILIZING REAL-TIME VISUAL FEEDBACK.

PEDIATRIC MONROE BED (\$8,608)

THIS SPECIALTY BED FOR TODDLERS HELPS MAINTAIN A SAFE ENVIRONMENT WHILE STILL ALLOWING PARENTS AND STAFF TO CARE FOR THE CHILD USING PROPER BODY MECHANICS. THE BED IS SPECIFICALLY DESIGNED FOR ACTIVE PEDIATRIC PATIENTS WHO MAY BE AT RISK OF CLIMBING OUT OF BED.

**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

2023

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) 2023

MORTON PLANT MEASE HEALTH CARE
FOUNDATION, INC.

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE REMAINDER TRUSTS (6)	INVESTMENT	FL	MORTON PLANT MEASE HEALTH CARE						X

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.