

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2000Open to Public
Inspection**A** For the 2000 calendar year, OR tax year period beginning **OCT 1, 2000** and ending **SEP 30, 2001****B** Check if applicable:

- ☐ Change of address
- ☒ Change of name
- ☐ Initial return
- ☐ Final return
- ☐ Amended return (use also for state reporting)

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**SARASOTA MEMORIAL HEALTHCARE FOUNDATION, INC.**

Number and street (or P.O. box if mail is not delivered to street address)

1838 WALDEMERE STREET

City or town, state or country, and ZIP

SARASOTA, FL 34239**D** Employer identification number**51-0188568****E** Telephone number**(941) 917-1286****F** Check ☐ if application pending**G** Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no) ☐ 527OR ☐ 4947(a)(1)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) ▶**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

(H and I are not applicable to section 527 orgs.)

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No (If "No," attach a list)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Enter 4-digit group exemption no. (GEN) ▶**L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶ ☐**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances****1** Contributions, gifts, grants, and similar amounts received**a** Direct public support**1a** **1,190,833.****b** Indirect public support**1b****c** Government contributions (grants)**1c****d** Total (add lines 1a through 1c)(cash \$ **1,190,833.** noncash \$)**1d** **1,190,833.****2** Program service revenue including government fees and contracts (from Part VII, line 93)**2****3** Membership dues and assessments**3****4** Interest on savings and temporary cash investments**4****445,985.****5** Dividends and interest from securities**5****213,158.****6 a** Gross rents**6a****b** Less rental expenses**6b****c** Net rental income or (loss) (subtract line 6b from line 6a)**6c****7** Other investment income (describe ▶)**7****8 a** Gross amount from sale of assets other than inventory**(A) Securities****5,158,491.****(B) Other****8a****b** Less cost or other basis and sales expenses**4,161,653.****8b****c** Gain or (loss) (attach schedule)**996,838.****8c****d** Net gain or (loss) (combine line 8c, columns (A) and (B))**STMT 1****8d****996,838.****9** Special events and activities (attach schedule)**a** Gross revenue (not including \$ **5,065.** of contributions reported on line 1a)**9a****3,065.****b** Less direct expenses other than fundraising expenses**9b****1,918.****c** Net income (loss) from special events (subtract line 9b from line 9a)**9c****1,147.****SEE STATEMENT 2****10 a** Gross sales of inventory less returns and allowances**10a****b** Less cost of goods sold**10b****c** Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)**10c****10,911.****11** Other revenue (from Part VII, line 103)**11****12** Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)**12****2,858,872.****13** Program services (from line 44, column (B))**13****995,540.****14** Management and general (from line 44, column (C))**14****345,813.****15** Fundraising (from line 44, column (D))**15****509,634.****16** Payments to affiliates (attach schedule)**16****17** Total expenses (add lines 16 and 44, column (A))**17****1,850,987.****18** Excess or (deficit) for the year (subtract line 17 from line 12)**18****1,007,885.****19** Net assets or fund balances at beginning of year (from line 73, column (A))**19****26,022,863.****20** Other changes in net assets or fund balances (attach explanation)**SEE STATEMENT 3****20****<5,515,084.>****21** Net assets or fund balances at end of year (combine lines 18, 19 and 20)**21****21,515,664.**023001
12-19-00

LHA For Paperwork Reduction Act Notice, see page 1 of the separate instructions

Form 990 (2000)

05470321 759428 1844

2000.09000 SARASOTA MEMORIAL HEALTHCAR 1844 1

SCANNED

MAY 20 02
Revenue

1070

RECEIVED

APR 29 2002

1070

1070

1070

1070

1070

1070

1070

1070

1070

1070

1070

1070

1070

**SARASOTA MEMORIAL HEALTHCARE
FOUNDATION, INC.**

Form 990 (2000)

51-0188568

Page 2

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) cash \$ 995,540 - noncash \$	22 995,540.	995,540.	STATEMENT 5	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 202,775.	0.	103,415.	99,360.
26 Other salaries and wages	26 137,803.		69,315.	68,488.
27 Pension plan contributions	27			
28 Other employee benefits	28 37,278.		19,013.	18,265.
29 Payroll taxes	29 22,483.		11,466.	11,017.
30 Professional fundraising fees	30			
31 Accounting fees	31 12,890.		12,117.	773.
32 Legal fees	32 16,894.		15,978.	916.
33 Supplies	33 7,643.		4,203.	3,440.
34 Telephone	34 1,183.		683.	500.
35 Postage and shipping	35 13,069.		3,268.	9,801.
36 Occupancy	36			
37 Equipment rental and maintenance	37 7,900.		7,900.	
38 Printing and publications	38 75,995.		17,479.	58,516.
39 Travel	39 12,894.		12,136.	758.
40 Conferences, conventions, and meetings	40 12,833.		10,004.	2,829.
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 18,750.		9,375.	9,375.
43 Other expenses (itemize)				
a	43a			
b	43b			
c	43c			
d	43d			
e SEE STATEMENT 4	43e 275,057.		49,461.	225,596.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44 1,850,987.	995,540.	345,813.	509,634.

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ☒ SEE ATTACHED DESCRIPTION

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a GRANTS TO SARASOTA COUNTY PUBLIC HOSPITAL BOARD, SARASOTA MEMORIAL HOSPITAL FOR EQUIPMENT AND FACILITIES	(Grants and allocations \$)	621,215.
b GRANTS TO SARASOTA COUNTY PUBLIC HOSPITAL BOARD, SARASOTA MEMORIAL HOSPITAL FOR PROFESSIONAL AND COMMUNITY EDUCATION PROGRAMS.	(Grants and allocations \$)	29,275.
c GRANTS TO SARASOTA COUNTY PUBLIC HOSPITAL BOARD, SARASOTA MEMORIAL HOSPITAL FOR PATIENT CARE & OTHER NEEDS	(Grants and allocations \$)	85,050.
d GRANT TO SUNCOAST COMMUNITIES BLOODBANK FOR EQUIPMENT	(Grants and allocations \$)	250,000.
e Other program services (attach schedule) STATEMENT 6	(Grants and allocations \$)	10,000.
f Total of Program Service Expenses (should equal line 44, column (B) Program services)		995,540.

023011
12-19-00

2

Form 990 (2000)

05470321 759428 1844

2000.09000 SARASOTA MEMORIAL HEALTHCAR 1844 1

Part IV Balance Sheets

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets				
45	Cash - non-interest-bearing	1,109,818.	45	75.
46	Savings and temporary cash investments	1,893,998.	46	3,080,268.
47 a	Accounts receivable	47a 111,075.		
b	Less allowance for doubtful accounts	47b	47c	111,075.
48 a	Pledges receivable	48a 440,251.		
b	Less allowance for doubtful accounts	48b	48c	440,251.
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees		50	
51 a	Other notes and loans receivable	51a		
b	Less allowance for doubtful accounts	51b	51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	11,009.	53	12,876.
54	Investments - securities STMT 7 STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	21,248,061.	54	17,069,019.
55 a	Investments - land, buildings, and equipment basis	55a		
b	Less accumulated depreciation	55b	55c	
56	Investments - other SEE STATEMENT 9	57,383.	56	60,216.
57 a	Land, buildings, and equipment basis	57a 121,567.		
b	Less accumulated depreciation	57b 79,758.	57c	41,809.
58	Other assets (describe SEE STATEMENT 10)	3,039,354.	58	2,745,043.
59	Total assets (add lines 45 through 58) (must equal line 74)	28,012,617.	59	23,560,632.
Liabilities				
60	Accounts payable and accrued expenses	13,382.	60	23,716.
61	Grants payable	1,793,350.	61	1,878,334.
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees		63	
64 a	Tax-exempt bond liabilities		64a	
b	Mortgages and other notes payable		64b	
65	Other liabilities (describe SEE STATEMENT 11)	183,022.	65	142,918.
66	Total liabilities (add lines 60 through 65)	1,989,754.	66	2,044,968.
Net Assets or Fund Balances				
	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
67	Unrestricted	17,318,710.	67	13,353,682.
68	Temporarily restricted	4,613,933.	68	3,961,538.
69	Permanently restricted	4,090,220.	69	4,200,444.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	26,022,863.	73	21,515,664.
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	28,012,617.	74	23,560,632.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-B	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
------------------	---

Part III		Part IV	
a Total revenue, gains, and other support per audited financial statements	a <u><2358197.></u>	a Total expenses and losses per audited financial statements	a <u>1,916,970.</u>
b Amounts included on line a but not on line 12, Form 990		b Amounts included on line a but not on line 17, Form 990	
(1) Net unrealized gains on investments \$ _____		(1) Donated services and use of facilities \$ <u>65,983.</u>	
(2) Donated services and use of facilities \$ <u>65,983.</u>		(2) Prior year adjustments reported on line 20, Form 990 \$ _____	
(3) Recoveries of prior year grants \$ _____		(3) Losses reported on line 20, Form 990 \$ _____	
(4) Other (specify) <u>STMT 12</u> \$ <u><5283052.></u>		(4) Other (specify) \$ _____	
Add amounts on lines (1) through (4)	b <u><5217069.></u>	Add amounts on lines (1) through (4)	b <u>65,983.</u>
c Line a minus line b	c <u>2,858,872.</u>	c Line a minus line b	c <u>1,850,987.</u>
d Amounts included on line 12, Form 990 but not on line a		d Amounts included on line 17, Form 990 but not on line a	
(1) Investment expenses not included on line 6b, Form 990 \$ _____		(1) Investment expenses not included on line 6b, Form 990 \$ _____	
(2) Other (specify) \$ _____		(2) Other (specify) \$ _____	
Add amounts on lines (1) and (2)	d _____	Add amounts on lines (1) and (2)	d _____
e Total revenue per line 12, Form 990 (line c plus line d)	e <u>2,858,872.</u>	e Total expenses per line 17, Form 990 (line c plus line d)	e <u>1,850,987.</u>

Part V	List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)
---------------	--

[illegible]

Form 990 (2000)

Page 5

N/A	Yes	No
-----	-----	----

- | | | | | |
|------|---|---------|-----|-----|
| 76 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | | 76 | X |
| 77 | Were any changes made in the organizing or governing documents but not reported to the IRS?
If "Yes," attach a conformed copy of the changes | | 77 | X |
| 78 a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | N/A | 78a | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | N/A | 78b | |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year?
If "Yes," attach a statement | | 79 | X |
| 80 a | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? | | 80a | X |
| b | If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt | | | |
| 81 a | Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81 | 81a 0. | | |
| b | Did the organization file Form 1120-POL for this year? | | 81b | X |
| 82 a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | | 82a | X |
| b | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.) | 82b | | |
| 83 a | Did the organization comply with the public inspection requirements for returns and exemption applications? | | 83a | X |
| b | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | | 83b | X |
| 84 a | Did the organization solicit any contributions or gifts that were not tax deductible? | N/A | 84a | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | N/A | 84b | |
| 85 | 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? | N/A | 85a | |
| b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | N/A | 85b | |
| c | Dues, assessments, and similar amounts from members | 85c N/A | | |
| d | Section 162(e) lobbying and political expenditures | 85d N/A | | |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | 85e N/A | | |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) | 85f N/A | | |
| g | Does the organization elect to pay the section 6033(a) tax on the amount in 85f? | N/A | 85g | |
| h | If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | N/A | 85h | |
| 86 | 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 | 86a N/A | | |
| b | Gross receipts, included on line 12, for public use of club facilities | 86b N/A | | |
| 87 | 501(c)(12) organizations. Enter a Gross income from members or shareholders | 87a N/A | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 87b N/A | | |
| 88 | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
If "Yes," complete Part IX | | 88 | X |
| 89 a | 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0., section 4912 0., section 4955 0. | | | |
| b | 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
If "Yes," attach a statement explaining each transaction | | 89b | X |
| c | Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | 0. |
| d | Enter Amount of tax on line 89c, above, reimbursed by the organization | | | 0. |
| 90 a | List the states with which a copy of this return is filed FLORIDA | | | |
| b | Number of employees employed in the pay period that includes March 12, 2000 | 90b 7 | | |
| 91 | The books are in care of ALEXANDRA QUARLES Telephone no 941-917-1286 | | | |
| | Located at 1838 WALDEMERE STREET, SARASOTA, FL ZIP code 34239 | | | |
| 92 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year | | 92 | N/A |

Part VII Analysis of Income-Producing ActivitiesEnter gross amounts unless otherwise
indicated

	Unrelated business income		Excluded by section 512-513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	445,985.	
96 Dividends and interest from securities			14	213,158.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	996,838.	
101 Net income or (loss) from special events			01	1,147.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a OTHER INCOME			01	10,911.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		1,668,039.	0.
105 Total (add line 104, columns (B), (D), and (E))					1,668,039.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

completing schedules and statements, and to the best of my knowledge and belief it is true,
information of which preparer has any knowledge. (Important: See General Instruction W)

4/15/02

James P Scheurenbrand, Treasurer

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(a), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2000

Name of the organization **SARASOTA MEMORIAL HEALTHCARE
FOUNDATION, INC.**

Employer identification number
51 0188568

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

LHA For Paperwork Reduction Act Notice, see page 1 of the instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2000

Part III Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary?		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	2d	X
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4 a Do you have a section 403(b) annuity plan for your employees? b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.) SEE STATEMENT 14	4a	X

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

SARASOTA MEMORIAL HEALTHCARE

Schedule A (Form 990 or 990-EZ) 2000 FOUNDATION, INC.

51-0188568 Page 3

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting
Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,014,153.	1,174,297.	2,395,452.	5,158,675.	9,742,577.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	66,665.				66,665.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	637,922.	619,570.	590,602.	425,996.	2,274,090.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	3,160.	9,152.	SEE STATEMENT 15 4,080.	3,437.	19,829.
23 Total of lines 15 through 22	1,721,900.	1,803,019.	2,990,134.	5,588,108.	12,103,161.
24 Line 23 minus line 17	1,655,235.	1,803,019.	2,990,134.	5,588,108.	12,036,496.
25 Enter 1% of line 23	17,219.	18,030.	29,901.	55,881.	
26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24					26a 240,730.
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts			SEE STATEMENT 16		26b 4,226,110.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 12,036,496.
d Add Amounts from column (e) for lines 18 2,274,090. 19 22 19,829. 26b 4,226,110.					26d 6,520,029.
e Public support (line 26c minus line 26d total)					26e 5,516,467.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 45.8312%
27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year (1999) N/A (1998) (1997) (1996)					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (1999) N/A (1998) (1997) (1996)					
c Add Amounts from column (e) for lines 15 16 17 20 21					27c N/A
d Add Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)			27f N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

NONE

Part V Private School Questionnaire

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 401 through 405 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Schedule A (Form 990 or 990-EZ) 2000

Part VI-A Lobbying Expenditures by Electing Public Charities

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

- Check here ☐ If the organization belongs to an affiliated group
- Check here ☐ If you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table -		
If the amount on line 40 is -		The lobbying nontaxable amount is -	
Not over \$500,000		20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000		\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 9 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h)

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

(1) Cash

(II) Other assets

b Other transactions

(l) Sales or exchanges of assets with a noncharitable exempt organization

(II) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d. If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

N/A

[illegible]

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐

▶ ☐ Yes ☒ No

b. If "Yes," complete the following schedule

N/A

[illegible]

Schedule B
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

OMB No 1545-0047

2000

Name of organization **SARASOTA MEMORIAL HEALTHCARE
FOUNDATION, INC.**

Employer identification number
51-0188568

Organization type (check one)-Section ☒ 501(c)(3) ◀ (enter number) ☐ 527 or ☐ 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations-

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see General rule below) ▶ ☐

Enter here the total gifts received during the year for a religious, charitable, etc., purpose ▶ \$

Note: This form is generally not open to public inspection except for section 527 organizations.

General Instructions

Purpose of Form

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ).

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

Who Must File Schedule B (Form 990 or 990-EZ)

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

Caution. Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).

Public Inspection

Schedule B (Form 990 or 990-EZ) is

- Open to public inspection for a section 527 political organization
- Generally not open to public inspection for the other organizations that must file this form

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

Contributors Required To Be Listed On Part I

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

General rule. Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

Section 501(c)(3) organizations. For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

Example. A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the

greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

Section 501(c)(7), (8), or (10) organizations. For *noncharitable* contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General rule discussed above.

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3))-

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III.

If section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

Specific Instructions

Note. You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

Part I. In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

Part II. In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

Part III. Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes, must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization
SARASOTA MEMORIAL HEALTHCARE
FOUNDATION, INC.

Employer identification number

51-0188568

Part I Contributors

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>10,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>2</u>		\$ <u>5,100.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>3</u>		\$ <u>24,245.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>4</u>		\$ <u>5,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>5</u>		\$ <u>7,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>6</u>		\$ <u>5,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization
**SARASOTA MEMORIAL HEALTHCARE
 FOUNDATION, INC.**

Employer identification number

51-0188568

Part I Contributors

(a) No.	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
<u>7</u>		\$ <u>25,789.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>8</u>		\$ <u>5,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>9</u>		\$ <u>30,139.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>10</u>		\$ <u>15,294.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>11</u>		\$ <u>47,143.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>12</u>		\$ <u>10,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization
**SARASOTA MEMORIAL HEALTHCARE
 FOUNDATION, INC.**

Employer identification number

51-0188568

Part I Contributors

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
13		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
14		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
15		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
16		\$ 10,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
17		\$ 10,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
18		\$ 46,563.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization
**SARASOTA MEMORIAL HEALTHCARE
 FOUNDATION, INC.**

Employer identification number

51-0188568

Part I Contributors

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
<u>19</u>		\$ <u>8,050.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>20</u>		\$ <u>10,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>21</u>		\$ <u>5,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>22</u>		\$ <u>29,648.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>23</u>		\$ <u>10,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>24</u>		\$ <u>5,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization
**SARASOTA MEMORIAL HEALTHCARE
 FOUNDATION, INC.**

Employer identification number

51-0188568

Part I Contributors

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
25		\$ 10,016.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
27		\$ 83,388.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
28		\$ 10,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
29		\$ 90,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
30		\$ 10,071.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
31		\$ 5,408.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization
**SARASOTA MEMORIAL HEALTHCARE
 FOUNDATION, INC.**

Employer identification number

51-0188568

Part I Contributors

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
32		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
33		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
34		\$ 55,836.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
35		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
36		\$ 20,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
37		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization
**SARASOTA MEMORIAL HEALTHCARE
 FOUNDATION, INC.**

Employer identification number

51-0188568

Part I Contributors

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
38		\$ 7,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
39		\$ 105,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
40		\$ 50,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
41		\$ 15,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
42		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
43		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization
SARASOTA MEMORIAL HEALTHCARE
FOUNDATION, INC.

Employer identification number

51-0188568

Part I Contributors

(a) No.	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
44		\$ 7,500.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
45		\$ 10,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
46		\$ 6,545.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
47		\$ 5,093.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
48		\$ 7,500.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
49		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

SCHEDULE A	IDENTIFICATION OF EXCESS CONTRIBUTIONS INCLUDED ON PART IV, LINE 26B	STATEMENT 16
------------	---	--------------

*** NOT OPEN TO PUBLIC INSPECTION ***

<u>CONTRIBUTOR'S NAME</u>	<u>TOTAL CONTRIBUTION</u>	<u>EXCESS CONTRIBUTION</u>
	494,970.	254,240.
	350,446.	109,716.
	3,009,217.	2,768,487.
	354,018.	113,288.
	1,221,109.	980,379.
TOTAL EXCESS CONTRIBUTIONS TO SCHEDULE A, LINE 26B		<u>4,226,110.</u>

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
FIRST UNION - COGGESHALL	292,225.	285,708.	0.	6,517.
NORTHERN TRUST - HART	453,021.	410,530.	0.	42,491.
NORTHERN TRUST - UNRESTRICTED FUNDS	770,434.	732,563.	0.	37,871.
NORTHERN TRUST - MAYER	1,269,207.	1,085,104.	0.	184,103.
FIRST UNION - PARKIN ENDOWMENT	610,149.	684,343.	0.	<74,194.>
NORTHERN TRUST - PERPETUAL SAMARITAN	597,995.	489,937.	0.	108,058.
BANK OF AMERICA - RAMSDELL	302,736.	139,442.	0.	163,294.
BANK OF AMERICA - WILE	728,305.	334,026.	0.	394,279.
VANGUARD 21ST CENTURY	87,994.	0.	0.	87,994.
FIRST UNION - COGGESHALL - LITIGATION PROCEEDS	23.	0.	0.	23.
NORTHERN TRUST - HART - CAPITAL GAIN	13,191.	0.	0.	13,191.
NORTHERN TRUST - UNRESTRICTED - CAPITAL GAIN	3,770.	0.	0.	3,770.
NORTHERN TRUST - MAYER - CAP GAIN & LITIGATION PROCEEDS	19,316.	0.	0.	19,316.
NORTHERN TRUST - PERPETUAL SAMARITAN - CAP GAIN &	9,885.	0.	0.	9,885.
BANK OF AMERICA - WILE - LITIGATION PROCEEDS	192.	0.	0.	192.
UNRESTRICTED FUNDS	48.	0.	0.	48.
TO FORM 990, PART I, LINE 8	5,158,491.	4,161,653.	0.	996,838.

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	2
----------	-------------------------------	-----------	---

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GOLF TOURNAMENT	8,130.	5,065.	3,065.	1,918.	1,147.
TO FM 990, PART I, LINE 9	8,130.	5,065.	3,065.	1,918.	1,147.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
----------	--	-----------	---

DESCRIPTION	AMOUNT
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	<250,332.>
UNREALIZED LOSS ON INVESTMENTS	<5,249,228.>
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	18,300.
UNREALIZED LOSS ON PERPETUAL TRUST	<33,824.>
TOTAL TO FORM 990, PART I, LINE 20	<5,515,084.>

FORM 990	OTHER EXPENSES	STATEMENT	4
----------	----------------	-----------	---

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PUBLIC RELATIONS	63,195.		10,987.	52,208.
INSURANCE	9,431.		9,431.	
DUES, MEMBERSHIPS, SUBSCRIPTIONS	4,671.		4,260.	411.
PURCHASED SERVICES	196,997.		24,100.	172,897.
MISCELLANEOUS	763.		683.	80.
TOTAL TO FM 990, LN 43	275,057.		49,461.	225,596.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 5

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
	SARASOTA MEMORIAL HOSPITAL	1700 S. TAMIAMI TRAIL, SARASOTA, FL	NONE	735,540.
	SUNCOAST COMMUNITIES BLOODBANK, INC	1760 MOUND ST., SARASOTA, FL 34236	NONE	250,000.
	FLORIDA HEALTHNET	601 PUTTER LANE, LONGBOAT KEY, FL 34228	NONE	10,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				995,540.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 6

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
GRANT TO FLORIDA HEALTHNET		10,000.
TOTAL TO FORM 990, PART III, LINE E		10,000.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 7

DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE BONDS		1875091.			1875091.
CORPORATE STOCK	6011222.				6011222.
MUTUAL FUNDS				5932495.	5932495.
TO FM 990, LN 54 COL B	6011222.	1875091.		5932495.	13,818,808.

FORM 990	GOVERNMENT SECURITIES	STATEMENT	8
----------	-----------------------	-----------	---

DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
U.S. GOVERNMENT OBLIGATIONS	3,250,211.		3,250,211.
TOTAL TO FORM 990, LINE 54, COL B	3,250,211.		3,250,211.

FORM 990	OTHER INVESTMENTS	STATEMENT	9
----------	-------------------	-----------	---

DESCRIPTION	VALUATION METHOD	AMOUNT
BENEFICIAL INTEREST IN LIFE INSURANCE	MARKET VALUE	60,216.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		60,216.

FORM 990	OTHER ASSETS	STATEMENT	10
----------	--------------	-----------	----

DESCRIPTION	AMOUNT
CHARITABLE REMAINDER TRUSTS RECEIVABLE	1,393,245.
BENEFICIAL INTEREST IN PERPETUAL TRUST	191,205.
CONTRIBUTIONS RECEIVABLE FROM CHARITABLE REMAINDER TRUST	651,385.
ASSETS HELD IN CHARITABLE TRUSTS	429,208.
BEQUEST RECEIVABLE	80,000.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	2,745,043.

FORM 990	OTHER LIABILITIES	STATEMENT	11
----------	-------------------	-----------	----

DESCRIPTION	AMOUNT
ANNUITY PAYABLE	29,662.
LIABILITY UNDER UNITRUST AGREEMENTS	113,256.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	142,918.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 12
----------	--	--------------

DESCRIPTION	AMOUNT
UNREALIZED LOSSES ON INVESTMENTS	<5,249,228.>
UNREALIZED LOSSES ON PERPETUAL TRUST	<33,824.>
TOTAL TO FORM 990, PART IV-A	<5,283,052.>

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT 13
----------	---	--------------

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ALEXANDRA QUARLES 1838 WALDEMERE ST., SARASOTA, FL 34239	PRESIDENT & CEO 50	132,435.	5,777.	6,288.
H. PETER REINHEIMER 1838 WALDEMERE ST., SARASOTA, FL 34239	SECRETARY 10	0.	0.	0.
WILLIAM B. HIRONS 1838 WALDEMERE ST., SARASOTA, FL 34239	CHAIRMAN 10	0.	0.	0.
WILLIAM STANFORD 1838 WALDEMERE ST., SARASOTA, FL 34239	VICE CHAIRMAN 10	0.	0.	0.
JAMES P. SCHEURENBRAND 1838 WALDEMERE ST., SARASOTA, FL 34239	TREASURER 10	0.	0.	0.
THOMAS H. TOWLER 1838 WALDEMERE ST., SARASOTA, FL 34239	PAST CHAIRMAN 5	0.	0.	0.
RICHARD O. DONEGAN 1838 WALDEMERE ST., SARASOTA, FL 34239	MEMBER-AT-LARGE 5	0.	0.	0.
STANLEY KANE 1838 WALDEMERE ST., SARASOTA, FL 34239	TRUSTEE 5	0.	0.	0.

SARASOTA MEMORIAL HEALTHCARE FOUNDATION,

51-0188568

KAREN MATTESON 1838 WALDEMERE ST., SARASOTA, FL 34239	TRUSTEE 5	0.	0.	0.
SAMUEL T. GAY, JR. 1838 WALDEMERE ST., SARASOTA, FL 34239	TRUSTEE 5	0.	0.	0.
LEONA HUGHES 1838 WALDEMERE ST., SARASOTA, FL 34239	TRUSTEE 5	0.	0.	0.
HOWARD ISERMANN 1838 WALDEMERE ST., SARASOTA, FL 34239	MEMBER AT LARGE 5	0.	0.	0.
ELIZABETH G. LINDSAY 1838 WALDEMERE ST., SARASOTA, FL 34239	TRUSTEE 5	0.	0.	0.
CHARLES R. SAVIDGE 1838 WALDEMERE ST., SARASOTA, FL 34239	TRUSTEE 5	0.	0.	0.
ROBERT J. STEMERMANN 1838 WALDEMERE ST., SARASOTA, FL 34239	TRUSTEE 5	0.	0.	0.
T. RAYMOND SUPLEE, CPA 1838 WALDEMERE ST., SARASOTA, FL 34239	TRUSTEE 5	0.	0.	0.
PHILIP A. DELANEY 1838 WALDEMERE ST., SARASOTA, FL 34239	TRUSTEE 5	0.	0.	0.
CHARLES E. LOEWE, M.D. 1838 WALDEMERE ST., SARASOTA, FL 34239	TRUSTEE 5	0.	0.	0.
J. ROBERT PETERSON 1838 WALDEMERE ST., SARASOTA, FL 34239	TRUSTEE 5	0.	0.	0.
JOHNSON S. SAVARY, ESQ. 1838 WALDEMERE ST., SARASOTA, FL 34239	TRUSTEE 5	0.	0.	0.
PRISCILLA R. MITCHELL 1838 WALDEMERE ST., SARASOTA, FL 34239	VICE PRESIDENT & CFO 40	70,340.	5,962.	0.

TOTALS INCLUDED ON FORM 990, PART V

202,775.	11,739.	6,288.
----------	---------	--------

SCHEDULE A	EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS	STATEMENT 14
	PART III, LINE 4	

SEE ATTACHED STATEMENT

SCHEDULE A	OTHER INCOME	STATEMENT 15
------------	--------------	--------------

DESCRIPTION	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT	1996 AMOUNT
OTHER INCOME	3,160.	9,152.	4,080.	3,437.
TOTAL TO SCHEDULE A, LINE 22	3,160.	9,152.	4,080.	3,437.

SARASOTA MEMORIAL HEALTHCARE FOUNDATION, INC

EIN 51-0188568

2000 FORM 990 FYE 9/30/2001

PAGE 2, PART III

PRIMARY EXEMPT PURPOSE

Sarasota Memorial Healthcare Foundation, Inc is organized exclusively for the purposes described in Section 501(c)(3) of the Internal Revenue Code and specifically for the purpose of acquiring funds from individuals, firms, foundations, associations, corporations, governmental bodies and all segments of the public in general, by active solicitation, through inter vivos gifts, bequests, devises or otherwise, and utilization of such funds to improve the delivery of health care in Sarasota County by supporting teaching and training programs in health care, encouraging clinical investigation and research programs and the dissemination of knowledge concerning the best and most efficacious methods of health care, for the care and support and medical and surgical treatment of residents of Sarasota County, without regard to race, color, creed, religion, sex, national origin or age, to instruct and train suitable persons in the duties of medicine and nursing, and otherwise attending the sick, and the maintenance, construction, repair, equipping and furnishing Sarasota Memorial Hospital, Sarasota, Florida, or other not-for-profit hospital or health care organizations and facilities located in Sarasota County

SARASOTA MEMORIAL HEALTHCARE FOUNDATION, INC

EIN 51-0188568

PART IV, LINE 57B

FORM 990

2000

FURNITURE, FIXTURES & EQUIPMENT
LESS ACCUMULATED DEPRECIATION

\$121,567

79,758

NET BOOK VALUE

\$41,809

SARASOTA MEMORIAL HEALTHCARE FOUNDATION, INC
EIN 51-0188568
2000 FORM 990 FYE 9/30/2001
SCHEDULE A, PART III, LINE 4

GRANTS

Grants made by the Sarasota Memorial Healthcare Foundation, Inc are generally restricted to qualified exempt health care organizations within Sarasota County, Florida. Prior to authorizing disbursements, the Board of Trustees determines that organizations to receive payment are (1) a local governmental unit as described in Section 170(b), or (2) an organization otherwise exempt under Section 501(c)(3) by examining the organization's determination letter, and that the use of the grant is for charitable purposes as described in Sections 170(c)(1) and 170(b).

The Sarasota County Public Hospital Board, Sarasota Memorial Hospital is a local governmental unit described in Section 170(b).

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

► File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note. Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization SARASOTA MEMORIAL HOSPITAL CENTURY FOUNDATION, INC.	Employer identification number 51-0188568
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P O box, see instructions 1838 WALDEMERE STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions SARASOTA, FL 34239	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until MAY 15, 2002 to file the exempt organization return for the organization named above. The extension is for the organization's return for ☐ calendar year _____ or ☒ tax year beginning OCT 1, 2000 and ending SEP 30, 2001

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

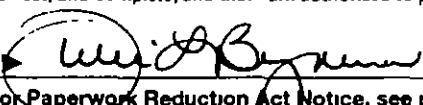
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

- c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title CA Date 2/8/02
LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)