

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

OMB No. 1545-0047

2001Open to Public
Inspection**A** For the 2001 calendar year, or tax year period beginning **OCT 1, 2001** and ending **SEP 30, 2002****B** Check if
applicable

- ☐ Address
change
- ☐ Name
change
- ☐ Initial
return
- ☐ Final
return
- ☐ Amended
return
- ☐ Application
pending

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions**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 STREETCity or town, state or country, and ZIP + 4
SARASOTA, FL 34239**D** Employer identification number**51-0188568****E** Telephone number**(941) 917-1286****F** Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) ▶• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts
must attach a completed Schedule A (Form 990 or 990-EZ)**H** and **I** are not applicable to section 527 organizations**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 or-
ganization covered by a group ruling? ☐ Yes ☒ No**I** Enter 4-digit GEN ▶**M** Check ☐ if the organization is not required to attach
Sch B (Form 990, 990-EZ, or 990-PF)**G** Web site ▶ **N/A****J** Organization type (check only one) ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527**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.**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **5,855,395.****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	2,084,047.			
b Indirect public support	1b				
c Government contributions (grants)	1c				
d Total (add lines 1a through 1c) (cash \$ 2,084,047. noncash \$)	1d	2,084,047.			
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	325,903.			
5 Dividends and interest from securities	5	214,728.			
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			(B) Other	
	3,190,239.	8a			
b Less cost or other basis and sales expenses	3,660,991.	8b			
c Gain or (loss) (attach schedule)	<470,752.>	8c			
d Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 1	8d	<470,752.>		
9 Special events and activities (attach schedule)					
a Gross revenue (not including \$ 16,150. of contributions reported on line 1a)	9a	26,538.			
b Less direct expenses other than fundraising expenses	9b	25,453.			
c Net income or (loss) from special events (subtract line 9b from line 9a)	SEE STATEMENT 2		9c	1,085.	
10 a Gross sales of inventory (attach schedule)	10a				
b Less cost of goods sold	10b				
c Gross profit (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c		
11 Other revenue (from Part VII, line 103)	11	13,940.			
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	2,168,951.			
13 Program services (from line 44, column (B))	13	1,419,897.			
14 Management and general (from line 44, column (C))	14	408,720.			
15 Fundraising (from line 44, column (D))	15	428,445.			
16 Payments to affiliates (attach schedule)	16				
17 Total expenses (add lines 16 and 44, column (A))	17	2,257,062.			
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	<88,111.>			
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	21,515,664.			
20 Other changes in net assets or fund balances (attach explanation)	20	<2,019,541.			
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	19,408,012.			

123001

01-04-02

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2001)

09090103 759428 1844

2001.08000 SARASOTA MEMORIAL HEALTHCAR 1844 1

SCANNED JAN 27 2003

Revenue

Expenses

Net
Assets

514

**SARASOTA MEMORIAL HEALTHCARE FOUNDATION,
INC.**

Form 990 (2001)

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 \$ 1,419,897. noncash \$	22 1,419,897.	1,419,897.	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	25 223,617.	0.		111,808.
26	Other salaries and wages	26 172,590.		86,295.	86,295.
27	Pension plan contributions	27			
28	Other employee benefits	28 39,561.		21,371.	18,190.
29	Payroll taxes	29 27,949.		13,975.	13,974.
30	Professional fundraising fees	30			
31	Accounting fees	31 13,300.		12,621.	679.
32	Legal fees	32 13,592.		12,912.	680.
33	Supplies	33 8,482.		4,687.	3,795.
34	Telephone	34 1,273.		700.	573.
35	Postage and shipping	35 10,360.		2,074.	8,286.
36	Occupancy	36			
37	Equipment rental and maintenance	37 8,081.		8,081.	
38	Printing and publications	38 56,643.		13,028.	43,615.
39	Travel	39 16,775.		15,936.	839.
40	Conferences, conventions, and meetings	40 7,711.		7,298.	413.
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42 19,252.		9,626.	9,626.
43	Other expenses not covered above (itemize)				
a		43a			
b		43b			
c		43c			
d		43d			
e	SEE STATEMENT 4	43e 217,979.		88,307.	129,672.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 2,257,062.	1,419,897.	408,720.	428,445.

Joint Costs Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

☐ 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 STATEMENT

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 \$ 1,281,610.)	1,281,610.
b	GRANTS TO SARASOTA COUNTY PUBLIC HOSPITAL BOARD, SARASOTA MEMORIAL HOSPITAL FOR PROFESSIONAL AND COMMUNITY EDUCATION PROGRAMS.	(Grants and allocations \$ 24,000.)	24,000.
c	GRANTS TO SARASOTA COUNTY PUBLIC HOSPITAL BOARD, SARASOTA MEMORIAL HOSPITAL FOR PATIENT CARE & OTHER NEEDS	(Grants and allocations \$ 64,287.)	64,287.
d	GRANT TO SENIOR FRIENDSHIP CENTER FOR SENIOR CARE AND NEEDS	(Grants and allocations \$ 50,000.)	50,000.
e	Other program services (attach schedule)	(Grants and allocations \$)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		1,419,897.

123011
01 02-02

2

Form 990 (2001)

09090103 759428 1844

2001.08000 SARASOTA MEMORIAL HEALTHCAR 1844 1

**SARASOTA MEMORIAL HEALTHCARE FOUNDATION,
INC.**

Form 990 (2001)

51-0188568

Page 3

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	75.	45	75.
	46 Savings and temporary cash investments	3,080,268.	46	3,845,382.
	47 a Accounts receivable	78,285.		
	b Less allowance for doubtful accounts		47c	78,285.
	48 a Pledges receivable	631,060.		
	b Less allowance for doubtful accounts		48c	631,060.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	12,876.	53	27,700.
	54 Investments - securities STMT 6 STMT 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	17,069,019.	54	15,629,729.
	55 a Investments - land, buildings, and equipment basis			
	b Less accumulated depreciation		55c	
Liabilities	56 Investments - other SEE STATEMENT 8	60,216.	56	62,941.
	57 a Land, buildings, and equipment basis	121,720.		
	b Less accumulated depreciation	81,424.	57c	40,296.
	58 Other assets (describe SEE STATEMENT 9)	2,745,043.	58	1,511,170.
	59 Total assets (add lines 45 through 58) (must equal line 74)	23,560,632.	59	21,826,638.
	60 Accounts payable and accrued expenses	23,716.	60	27,261.
Net Assets or Fund Balances	61 Grants payable	1,878,334.	61	2,211,384.
	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 10)	142,918.	65	179,981.
Net Assets or Fund Balances	66 Total liabilities (add lines 60 through 65)	2,044,968.	66	2,418,626.
	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	13,353,682.	67	13,477,137.
	68 Temporarily restricted	3,961,538.	68	1,382,604.
	69 Permanently restricted	4,200,444.	69	4,548,271.
	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, column (B) must equal line 21)	21,515,664.	73	19,408,012.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	23,560,632.	74	21,826,638.

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.

**SARASOTA MEMORIAL HEALTHCARE FOUNDATION,
INC.**

Form 990 (2001)

51-0188568

Page 5

Part VI Other Information		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?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
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 <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures. See line 81 instructions	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 in Part III.)	82b	66,726.
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	N/A
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/A
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
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(e) tax on the amount in 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices 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?	85h	N/A
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 <input type="checkbox"/> 0., section 4912 <input type="checkbox"/> 0., section 4955 <input type="checkbox"/> 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 <input type="checkbox"/> FLORIDA		
b	Number of employees employed in the pay period that includes March 12, 2001	90b	7

91 The books are in care of ☐ ALEXANDRA QUARLES Telephone no ☐ 941-917-1286

Located at ☐ 1838 WALDEMERE STREET, SARASOTA, FL ZIP + 4 ☐ 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

**SARASOTA MEMORIAL HEALTHCARE FOUNDATION,
INC.**

Form 990 (2001)

51-0188568

Page 6

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32.)

	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	325,903.	
96 Dividends and interest from securities			14	214,728.	
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	<470,752.>	
101 Net income or (loss) from special events			01	1,085.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a OTHER INCOME			01	13,940.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		84,904.	0.
105 Total (add line 104, columns (B), (D), and (E))					84,904.

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 (See Specific Instructions on page 32.)

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 (See Specific Instructions on page 33.)

(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 (See Specific Instructions on page 33.)

- (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

I am preparing this return on behalf of the organization, and to the best of my knowledge and belief, it is true and correct. Information of which preparer has any knowledge.

1/15/03 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(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2001

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 page 1 of the 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 page 2 of the 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	

SARASOTA MEMORIAL HEALTHCARE FOUNDATION,

Schedule A (Form 990 or 990-EZ) 2001 INC.

51-0188568 Page 2

Part III Statements About Activities (See page 2 of the instructions)

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 **►** \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)

1 X

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.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

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?

2e X

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)

3 X

- 4 Do you have a section 403(b) annuity plan for your employees?

4 X

Note: 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 STATEMENT 13

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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.)
- 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 6 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2001

SARASOTA MEMORIAL HEALTHCARE FOUNDATION,

Schedule A (Form 990 or 990-EZ) 2001 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,474,107.	1,014,153.	1,174,297.	2,395,452.	6,058,009.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	3,065.	66,665.			69,730.
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	659,143.	637,922.	619,570.	590,602.	2,507,237.
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.	10,911.	3,160.	SEE STATEMENT 14 9,152.	4,080.	27,303.
23 Total of lines 15 through 22	2,147,226.	1,721,900.	1,803,019.	2,990,134.	8,662,279.
24 Line 23 minus line 17	2,144,161.	1,655,235.	1,803,019.	2,990,134.	8,592,549.
25 Enter 1% of line 23	21,472.	17,219.	18,030.	29,901.	
26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24					171,851.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					874,807.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					8,592,549.
d Add Amounts from column (e) for lines 18 2,507,237. 19 27,303. 22 874,807.					3,409,347.
e Public support (line 26c minus line 26d total)					5,183,202.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					60.3221%
27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year N/A	(2000)	(1999)	(1998)	(1997)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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.) Do not file this list with your return. 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 N/A	(2000)	(1999)	(1998)	(1997)	
c Add Amounts from column (a) for lines 15 16 17 20 21					N/A
d Add Line 27a total and line 27b total					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

SARASOTA MEMORIAL HEALTHCARE FOUNDATION,

Schedule A (Form 990 or 990-EZ) 2001 INC.

51-0188568 Page 4

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

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

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?

Yes No

29

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?

30

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?

31

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?

32a

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

32b

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

32c

d Copies of all material used by the organization or on its behalf to solicit contributions?

32d

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?

33a

b Admissions policies?

33b

c Employment of faculty or administrative staff?

33c

d Scholarships or other financial assistance?

33d

e Educational policies?

33e

f Use of facilities?

33f

g Athletic programs?

33g

h Other extracurricular activities?

33h

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?

34a

b Has the organization's right to such aid ever been revoked or suspended?

34b

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 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

35

Schedule A (Form 990 or 990-EZ) 2001

SARASOTA MEMORIAL HEALTHCARE FOUNDATION,

Schedule A (Form 990 or 990-EZ) 2001 INC.

51-0188568 Page 5

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

N/A

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

Check ☐ a ☐ if the organization belongs to an affiliated groupCheck ☐ b ☐ if you checked "a" 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 -		
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 11 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period					N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(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) (See page 12 of the instructions)

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)

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

Yes	No	Amount
		0.

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)
HART	213,376.	270,997.	0.	<57,621.>
UNRESTRICTED	476,838.	564,887.	0.	<88,049.>
MAYER	713,242.	853,277.	0.	<140,035.>
PARKIN	534,936.	602,032.	0.	<67,096.>
PERPETUAL SAMARITAN	261,394.	325,598.	0.	<64,204.>
RAMSDELL	253,386.	277,966.	0.	<24,580.>
WILE	735,203.	766,234.	0.	<31,031.>
VANGUARD	1,864.	0.	0.	1,864.
TO FORM 990, PART I, LINE 8	3,190,239.	3,660,991.	0.	<470,752.>

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

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GOLF TOURNAMENT	42,688.	16,150.	26,538.	25,453.	1,085.
TO FM 990, PART I, LINE 9	42,688.	16,150.	26,538.	25,453.	1,085.

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

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	<1,912,181.>
UNREALIZED LOSS ON PERPETUAL TRUST	<28,993.>
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	<7,080.>
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	<71,287.>
TOTAL TO FORM 990, PART I, LINE 20	<2,019,541.>

FORM 990	OTHER EXPENSES			STATEMENT 4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PUBLIC RELATIONS	75,927.		13,590.	62,337.
INSURANCE	9,088.		9,088.	
DUES, MEMBERSHIPS, SUBSCRIPTIONS	11,907.		10,772.	1,135.
PURCHASED SERVICES	118,181.		52,109.	66,072.
MISCELLANEOUS	2,876.		2,748.	128.
TOTAL TO FM 990, LN 43	217,979.		88,307.	129,672.

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	1,281,610.
	SARASOTA MEMORIAL HOSPITAL	1700 S. TAMIAMI TRAIL, SARASOTA, FL	NONE	24,000.
	SARASOTA MEMORIAL HOSPITAL	1700 S. TAMIAMI TRAIL, SARASOTA, FL	NONE	64,287.
	SENIOR FRIENDSHIP CENTER	SARASOTA, FL	NONE	50,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				1,419,897.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	6
----------	---------------------------	-----------	---

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE BONDS		1,494,302.			1,494,302.
CORPORATE STOCK	4,081,013.				4,081,013.
MUTUAL FUNDS				7319111.	7,319,111.
TO 990, LN 54 COL B	4,081,013.	1,494,302.		7319111.	12894426.

FORM 990	GOVERNMENT SECURITIES	STATEMENT	7
----------	-----------------------	-----------	---

DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
U.S. GOVERNMENT OBLIGATIONS	2,735,303.		2,735,303.
TOTAL TO FORM 990, LINE 54, COL B	2,735,303.		2,735,303.

FORM 990	OTHER INVESTMENTS	STATEMENT	8
----------	-------------------	-----------	---

DESCRIPTION	VALUATION METHOD	AMOUNT
BENEFICIAL INTEREST IN LIFE INSURANCE	MARKET VALUE	62,941.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		62,941.

FORM 990	OTHER ASSETS	STATEMENT	9
----------	--------------	-----------	---

DESCRIPTION	AMOUNT
CHARITABLE REMAINDER TRUSTS RECEIVABLE	0.
BENEFICIAL INTEREST IN PERPETUAL TRUST	507,130.
CONTRIBUTIONS RECEIVABLE FROM CHARITABLE REMAINDER TRUST	580,105.
ASSETS HELD IN CHARITABLE TRUSTS	398,935.
BEQUEST RECEIVABLE	25,000.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	1,511,170.

SARASOTA MEMORIAL HEALTHCARE FOUNDATION, INC

EIN 51-0188568

2001 FORM 990 FYE 9/30/2002

PART IV, LINE 57B

COST BEGINNING OF YEAR	\$ 121,567
ADDITIONS	19,334
RETIREMENTS*	(19,181)
COST END OF YEAR	<u>\$ 121,720</u>

ACCUMULATED DEPRECIATION, BEGINNING OF YEAR	\$ 79,758
DEPRECIATION EXPENSES	19,252
ACCUMULATED DEPRECIATION ON RETIREMENTS*	(17,586)
ACCUMULATED DEPRECIATION, END OF YEAR	<u>\$ 81,424</u>

RETIREMENTS

GROSS PROCEEDS	\$ -
COST	19,181
ACCUMULATED DEPRECIATION	17,586
LOSS ON RETIREMENT OF ASSETS	<u>\$ (1,595)</u>

SARASOTA MEMORIAL HEALTHCARE FOUNDATION, INC

EIN 51-0188568

2001 FORM 990 FYE 9/30/2002

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

2001 FORM 990 FYE 9/30/2002

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)

FORM 990	OTHER LIABILITIES	STATEMENT	10
DESCRIPTION		AMOUNT	
ANNUITY PAYABLE		72,544.	
LIABILITY UNDER UNITRUST AGREEMENTS		107,437.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		179,981.	

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	11
DESCRIPTION		AMOUNT	
UNREALIZED LOSSES ON INVESTMENTS		1,912,181.	
UNREALIZED LOSSES ON PERPETUAL TRUST		28,993.	
TOTAL TO FORM 990, PART IV-A		1,941,174.	

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	12
----------	---	-----------	----

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	142,478.	7,878.	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	PAST CHAIRMAN 5	0.	0.	0.
WILLIAM STANFORD 1838 WALDEMERE ST., SARASOTA, FL 34239	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	MEMBER AT LARGE 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.
KAREN MATTESON 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	VICE CHAIRMAN 5	0.	0.	0.
ROBERT J. STEMMERMANN 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.

SARASOTA MEMORIAL HEALTHCARE FOUNDATION,		51-0188568		
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	81,139.	8,392.	0.
JOHN T BERTEAU, ESQ 1838 WALDEMERE ST., SARASOTA, FL 34239	TRUSTEE 5	0.	0.	0.
ROBERT A DROHLICH 1838 WALDEMERE ST., SARASOTA, FL 34239	TRUSTEE 5	0.	0.	0.
ALFRED R GOLDSTEIN 1838 WALDEMERE ST., SARASOTA, FL 34239	TRUSTEE 5	0.	0.	0.
GORDON G NIDIFFER, M.D. 1838 WALDEMERE ST., SARASOTA, FL 34239	TRUSTEE 5	0.	0.	0.
MARGARET WISE 1838 WALDEMERE ST., SARASOTA, FL 34239	TRUSTEE 5	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		223,617.	16,270.	6,288.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 13
PART III, LINE 3

SEE ATTACHED STATEMENT

SCHEDULE A	OTHER INCOME				STATEMENT 14
DESCRIPTION	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT	
OTHER INCOME	10,911.	3,160.	9,152.	4,080.	
TOTAL TO SCHEDULE A, LINE 22	10,911.	3,160.	9,152.	4,080.	