

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)

OMB No 1545-0047

2002Open to Public
Inspection

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

A For the 2002 calendar year, or tax year period beginning **OCT 1, 2002** and ending **SEP 30, 2003**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization SARASOTA MEMORIAL HEALTHCARE FOUNDATION, INC.		D Employer identification number 51-0188568
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1838 WALDEMERE STREET		E Telephone number (941) 917-1286
		City or town, state or country, and ZIP + 4 SARASOTA, FL 34239		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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).		

G Web site: **WWW.SMHF.ORG****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.**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 organization covered by a group ruling? ☐ Yes ☒ No**I** Enter 4-digit GEN ▶**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **18,229,806.****M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a	2,780,971.	
	b Indirect public support	1b		
	c Government contributions (grants)	1c		
	d Total (add lines 1a through 1c) (cash \$ 2,657,560. noncash \$ 123,411.)	1d	2,780,971.	
	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	222,001.	
	5 Dividends and interest from securities	5	265,140.	
	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			
Net Assets	8 a Gross amount from sale of assets other than inventory	(A) Securities	(B) Other	
		14,844,131.	8a	
	b Less: cost or other basis and sales expenses	16,846,585.	8b	
	c Gain or (loss) (attach schedule)	<2,002,454.>	8c	
	d Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 1	8d	<2,002,454.>	
	9 Special events and activities (attach schedule)			
	a Gross revenue (not including \$ 108,119. of contributions reported on line 1a)	9a	108,975.	
	b Less: direct expenses other than fundraising expenses	9b	106,266.	
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	2,709.	
	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			
11 Other revenue (from Part VII, line 103)	11	8,588.		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, 11, and 12)	12	1,276,955.		
Expenses	13 Program services (from line 44, column (B))	13	589,352.	
	14 Management and general (from line 44, column (C))	14	436,499.	
	15 Fundraising (from line 44, column (D))	15	422,872.	
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17	1,448,723.	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	<171,768.>	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	19,408,012.	
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3.	20	4,905,098.	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	24,141,342.	

**SARASOTA MEMORIAL HEALTHCARE FOUNDATION,
INC.**

51-0188568

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.

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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 \$ 589,352. • noncash \$	589,352.	589,352.	STATEMENT 6	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	234,000.	0.	128,005.	105,995.
26	Other salaries and wages	185,370.		83,416.	101,954.
27	Pension plan contributions				
28	Other employee benefits	52,954.		26,477.	26,477.
29	Payroll taxes	27,202.		13,601.	13,601.
30	Professional fundraising fees				
31	Accounting fees	13,630.		13,630.	
32	Legal fees	5,675.		5,108.	567.
33	Supplies	7,620.		3,810.	3,810.
34	Telephone	1,675.		1,507.	168.
35	Postage and shipping	13,593.		1,359.	12,234.
36	Occupancy				
37	Equipment rental and maintenance	10,301.		10,301.	
38	Printing and publications	43,661.		8,732.	34,929.
39	Travel	13,866.		6,240.	7,626.
40	Conferences, conventions, and meetings	9,737.		9,250.	487.
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	22,212.		11,106.	11,106.
43	Other expenses not covered above (itemize)				
a		43a			
b		43b			
c		43c			
d		43d			
e	SEE STATEMENT 4	43e	217,875.	113,957.	103,918.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	1,448,723.	589,352.	436,499.
				422,872.	

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 STATEMENT 5**

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 \$ 487,462.)	487,462.
b	GRANTS TO SARASOTA COUNTY PUBLIC HOSPITAL BOARD, SARASOTA MEMORIAL HOSPITAL FOR PROFESSIONAL AND COMMUNITY EDUCATION PROGRAMS.	
	(Grants and allocations \$ 134,884.)	134,884.
c	GRANTS TO SARASOTA COUNTY PUBLIC HOSPITAL BOARD, SARASOTA MEMORIAL HOSPITAL FOR PATIENT CARE & OTHER NEEDS	
	(Grants and allocations \$ 217,006.)	217,006.
d	RETURN OF GRANT TO SUNCOAST COMMUNITIES BLOODBANK	
	(Grants and allocations \$ <250,000.>)	<250,000.>
e	Other program services (attach schedule)	(Grants and allocations \$)
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	589,352.

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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	3,845,382.	46 1,581,623.
	47 a Accounts receivable	47a 74,325.	
	b Less: allowance for doubtful accounts	47b	47c 78,285.
			47c 74,325.
	48 a Pledges receivable	48a 1,086,731.	
	b Less: allowance for doubtful accounts	48b	48c 631,060.
			48c 1,086,731.
	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	27,700.	53 11,867.
	54 Investments - securities STMT 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	15,629,729.	54 21,455,818.
55 a Investments - land, buildings, and equipment: basis	55a		
b Less: accumulated depreciation	55b	55c	
56 Investments - other	SEE STATEMENT 8	56 62,941.	
57 a Land, buildings, and equipment: basis	57a 133,412.		
b Less: accumulated depreciation	57b 84,657.	57c 40,296.	
58 Other assets (describe SEE STATEMENT 9)	1,511,170.	58 1,757,402.	
59 Total assets (add lines 45 through 58) (must equal line 74)	21,826,638.	59 26,082,393.	
Liabilities	60 Accounts payable and accrued expenses	27,261.	60 20,929.
	61 Grants payable	2,211,384.	61 1,608,289.
	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)	179,981.	65 311,833.
66 Total liabilities (add lines 60 through 65)	2,418,626.	66 1,941,051.	
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	13,477,137.	67 16,808,244.
	68 Temporarily restricted	1,382,604.	68 1,679,500.
	69 Permanently restricted	4,548,271.	69 5,653,598.
	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)	19,408,012.	73 24,141,342.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	21,826,638.	74 26,082,393.

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
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a Total revenue, gains, and other support per audited financial statements ▶	a 6,397,301.	a Total expenses and losses per audited financial statements ▶	a 1,722,060.
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 \$ 4,847,009.		(1) Donated services and use of facilities \$ 67,960.	
(2) Donated services and use of facilities \$ 67,960.		(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):		(4) Other (specify):	
STMT 11 \$ 250,000.		STMT 12 \$ 250,000.	
Add amounts on lines (1) through (4) . . . ▶	b 5,164,969.	Add amounts on lines (1) through (4) ▶	b 317,960.
c Line a minus line b ▶	c 1,232,332.	c Line a minus line b ▶	c 1,404,100.
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 \$ 44,623.		(1) Investment expenses not included on line 6b, Form 990 \$ 44,623.	
(2) Other (specify):		(2) Other (specify):	
\$		\$	
Add amounts on lines (1) and (2) ▶	d 44,623.	Add amounts on lines (1) and (2) ▶	d 44,623.
e Total revenue per line 12, Form 990 (line c plus line d) ▶	e 1,276,955.	e Total expenses per line 17, Form 990 (line c plus line d) ▶	e 1,448,723.

Part V	List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)
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(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<div>-----</div> <div>SEE STATEMENT 13</div> <div>-----</div>		234,000.	19,860.	6,288.
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75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. ☐ Yes ☒ No

☐ Yes ☒ No

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INC.**

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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		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		X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		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?		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 direct or indirect political expenditures. See line 81 instructions 81a 0.		
b Did the organization file Form 1120-POL for this year?		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?	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 67,960.		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible? N/A		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A		
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.		
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 on line 85f? N/A		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 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		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		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, 2002 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

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Form 990 (2002)

**SARASOTA MEMORIAL HEALTHCARE FOUNDATION,
INC.**

Form 990 (2002)

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Part VII Analysis of Income-Producing Activities (See page 31 of the instructions.)

	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	222,001.	
96 Dividends and interest from securities			14	265,140.	
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	<2,002,454.>	
101 Net income or (loss) from special events			01	2,709.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a OTHER INCOME			01	8,588.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		<1,504,016.>	0.
105 Total (add line 104, columns (B), (D), and (E))					<1,504,016.>

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 page 32 of the instructions.)

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 page 32 of the instructions.)

(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 page 33 of the instructions.)

- (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

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

accompanying schedules and statements, and to the best of my knowledge and belief, it is true,
all information of which preparer has any knowledge.

5/23/04 Date ☒ ROBERT E KIEBITZ, Type or print name and title
TREASURER

CA Date Check if Preparer's SSN or PTIN

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-(See separate instructions.)

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

OMB No 1545-0047

2002

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
LISA INTAGLIATA 1838 WALDEMERE ST., SARASOTA, FL	DIR OF DEVEL. 40	52,971.	6,715.	
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) 2002 INC.

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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 i 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 14

Part IV Reason for Non-Private Foundation Status (See pages 3 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.)
- 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.)

Schedule A (Form 990 or 990-EZ) 2002

SARASOTA MEMORIAL HEALTHCARE FOUNDATION,

Schedule A (Form 990 or 990-EZ) 2002 INC.

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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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3,396,613.	1,474,107.	1,014,153.	1,174,297.	7,059,170.
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	26,538.	3,065.	66,665.		96,268.
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	540,631.	659,143.	637,922.	619,570.	2,457,266.
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	13,940.	10,911.	SEE STATEMENT 15 3,160.	9,152.	37,163.
23 Total of lines 15 through 22	3,977,722.	2,147,226.	1,721,900.	1,803,019.	9,649,867.
24 Line 23 minus line 17	3,951,184.	2,144,161.	1,655,235.	1,803,019.	9,553,599.
25 Enter 1% of line 23	39,777.	21,472.	17,219.	18,030.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 191,072.
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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum of all these excess amounts					26b 311,953.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 9,553,599.
d Add. Amounts from column (e) for lines: 18 2,457,266. 19					
22 37,163. 26b 311,953.					26d 2,806,382.
e Public support (line 26c minus line 26d total)					26e 6,747,217.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 70.6249%
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					
(2001) (2000) (1999) (1998)					
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					
(2001) (2000) (1999) (1998)					
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 1998 through 2001, 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

223121 01-22-03

NONE

Schedule A (Form 990 or 990-EZ) 2002

SARASOTA MEMORIAL HEALTHCARE FOUNDATION,

Schedule A (Form 990 or 990-EZ) 2002 **INC.**

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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)

	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?	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? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.) _____ _____ _____	31	
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? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement) _____ _____	32d	
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? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.) _____ _____	33h	
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? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
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) 2002

SARASOTA MEMORIAL HEALTHCARE FOUNDATION,

Schedule A (Form 990 or 990-EZ) 2002 INC.

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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 group.Check ☐ 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 -

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

41

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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(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 11 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.

Yes

No

Amount

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.)

0.

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

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01-22-03

Schedule A (Form 990 or 990-EZ) 2002

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?

- (II) Other assets**

- 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.

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

N/A

[illegible]

- ▶ ☐ Yes ☒ No

- N/A

[illegible]

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	1
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SEE ATTACHED	14,844,131.	16,846,585.	0.	<2,002,454.>
TO FORM 990, PART I, LINE 8	14,844,131.	16,846,585.	0.	<2,002,454.>

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	2
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SNYDER GOLF TOURNAMENT	1,267.	1,267.		0.	0.
PHYSICIANS GOLF TOURNAMENT	32,851.	11,675.	21,176.	18,467.	2,709.
GALA	182,976.	95,177.	87,799.	87,799.	0.
TO FM 990, PART I, LINE 9	217,094.	108,119.	108,975.	106266.	2,709.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
UNREALIZED GAINS ON INVESTMENTS	4,847,009.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	58,089.
TOTAL TO FORM 990, PART I, LINE 20	4,905,098.

FORM 990	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	8,110.		8,110.	
DUES & SUBSCRIPTIONS	8,425.		7,326.	1,099.
MISCELLANEOUS	2,774.		2,656.	118.
PUBLIC RELATIONS	64,505.		0.	64,505.

PURCHASED SERVICES

	89,438.	51,242.	38,196.
INVESTMENT EXPENSES	44,623.	44,623.	
TOTAL TO FM 990, LN 43	217,875.	113,957.	103,918.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5
PART III

EXPLANATION

IMPROVE THE DELIVERY OF HEALTHCARE FOR THE SARASOTA, FLORIDA AREA THROUGH THE ACQUISITION AND UTILIZATION OF PHILANTHROPIC FUNDS.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 6

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
	SARASOTA MEMORIAL HOSPITAL	1700 S. TAMIAMI TRAIL, SARASOTA, FL	NONE	487,462.
	SARASOTA MEMORIAL HOSPITAL	1700 S. TAMIAMI TRAIL, SARASOTA, FL	NONE	134,884.
	SARASOTA MEMORIAL HOSPITAL	1700 S. TAMIAMI TRAIL, SARASOTA, FL	NONE	217,006.
	SUNCOAST COMMUNITIES BLOOD BANK	SARASOTA, FL	NONE	<250000.>

TOTAL INCLUDED ON FORM 990, PART II, LINE 22

589,352.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	7
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SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE BONDS		5,617,749.			5,617,749.
MUTUAL FUNDS				15,838,069.	15838069.
TOTAL TO FORM 990, LN 54 COL B		5,617,749.		15,838,069.	21455818.

FORM 990	OTHER INVESTMENTS	STATEMENT	8
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DESCRIPTION	VALUATION METHOD	AMOUNT
BENEFICIAL INTEREST IN LIFE INSURANCE	COST	65,797.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		65,797.

FORM 990	OTHER ASSETS	STATEMENT	9
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DESCRIPTION	AMOUNT
ASSETS HELD IN CHARITABLE TRUSTS	610,099.
BEQUEST RECEIVABLE	10,000.
BENEFICIAL INTEREST IN PERPETUAL TRUST	521,962.
CONTRIBUTIONS RECEIVABLE FROM CHARITABLE REMAINDER TRUST	615,341.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	1,757,402.

FORM 990	OTHER LIABILITIES	STATEMENT	10
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DESCRIPTION	AMOUNT
ANNUITY PAYABLE	208,935.
LIABILITY UNDER UNITRUST AGREEMENTS	102,898.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	311,833.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 11
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DESCRIPTION	AMOUNT
RETURN OF GRANT FUNDS	250,000.
TOTAL TO FORM 990, PART IV-A	250,000.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 12
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DESCRIPTION	AMOUNT
RETURN OF GRANT REFUNDS	250,000.
TOTAL TO FORM 990, PART IV-B	250,000.

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT 13
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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	151,368.	9,913.	6,288.
HARVEY ABEL, ESQ. 1838 WALDEMERE ST., SARASOTA, FL 34239	TRUSTEE 10	0.	0.	0.
ROBERT E. KIEBITZ 1838 WALDEMERE ST., SARASOTA, FL 34239	TRUSTEE 5	0.	0.	0.
WILLIAM STANFORD 1838 WALDEMERE ST., SARASOTA, FL 34239	IMMEDIATE PAST CHAIRMAN 10	0.	0.	0.
JAMES P. SCHEURENBRAND 1838 WALDEMERE ST., SARASOTA, FL 34239	TREASURER 10	0.	0.	0.

SARASOTA MEMORIAL HEALTHCARE FOUNDATION,

51-0188568

GLENN F. KIPLINGER, MD, PHD 1838 WALDEMERE ST., SARASOTA, FL 34239	TRUSTEE 5	0.	0.	0.
RICHARD O. DONEGAN 1838 WALDEMERE ST., SARASOTA, FL 34239	SECRETARY 5	0.	0.	0.
J. ROBERT PETERSON 1838 WALDEMERE ST., SARASOTA, FL 34239	TRUSTEE 5	0.	0.	0.
KAREN MATTESON 1838 WALDEMERE ST., SARASOTA, FL 34239	VICE CHAIRMAN 5	0.	0.	0.
LEONA HUGHES 1838 WALDEMERE ST., SARASOTA, FL 34239	TRUSTEE 5	0.	0.	0.
JOHN E. SANDEFUR 1838 WALDEMERE ST., SARASOTA, FL 34239	TRUSTEE 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	CHAIRMAN 10	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.
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	82,632.	9,947.	0.

SARASOTA MEMORIAL HEALTHCARE FOUNDATION,

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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

234,000.	19,860.	6,288.
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SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 14
PART III, LINE 3

SEE ATTACHED STATEMENT

SCHEDULE A	OTHER INCOME			STATEMENT 15
DESCRIPTION	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT
OTHER INCOME	13,940.	10,911.	3,160.	9,152.
TOTAL TO SCHEDULE A, LINE 22	13,940.	10,911.	3,160.	9,152.

SARASOTA MEMORIAL HEALTHCARE FOUNDATION, INC

EIN: 51-0188568

September 30, 2003

Gain/Loss on Sale of Securities

Fund	Sales Proceeds	Sales "@ " Cost	Gain / (Loss)
Hart	570,845.00	676,951.48	(106,106.48)
Unrestricted	1,043,543.31	1,182,246.72	(138,703.41)
Mayer	1,473,062.30	1,611,994.08	(138,931.78)
Parkin	1,093,366.92	1,097,170.31	(3,803.39)
Perpetual Samaritan	600,987.84	700,746.25	(99,758.41)
Ramsdell	605,031.56	622,745.82	(17,714.26)
Wile	1,555,098.54	1,540,929.11	14,169.43
Vanguard	5,627,234.79	7,002,266.91	(1,375,032.12)
Merrill Lynch 500	622,894.60	825,692.40	(202,797.80)
Fixed-Northern Trust	1,652,066.41	1,585,842.19	66,224.22
	<u>14,844,131.27</u>	<u>16,846,585.27</u>	<u>(2,002,454.00)</u>

SARASOTA HEALTHCARE MEMORIAL FOUNDATION, INC.

EIN 51-0188568

2002 FORM 990

FYE: SEPTEMBER 30, 2003

PART IV, LINE 57B

COST BEGINNING OF YEAR	\$ 121,720
ADDITIONS	31,937
RETIREMENTS*	(20,245)
COST END OF YEAR	<u>\$ 133,412</u>

ACCUMULATED DEPRECIATION, BEGINNING OF YEAR	\$ 81,424
DEPRECIATION EXPENSES	22,211
ACCUMULATED DEPRECIATION ON RETIREMENTS*	(18,978)
ACCUMULATED DEPRECIATION, END OF YEAR	<u>\$ 84,657</u>

RETIREMENTS:

GROSS PROCEEDS	\$ -
COST	20,245
ACCUMULATED DEPRECIATION	18,978
LOSS ON RETIREMENT OF ASSETS	<u>\$ (1,267)</u>

SARASOTA HEALTHCARE MEMORIAL FOUNDATION, INC.

EIN: 51-0188568

2002 FORM 990

FYE SEPTEMBER 30, 2003

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).