

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

**2003**Open to Public  
Inspection

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

**A** For the 2003 calendar year, or tax year beginning **OCT 1, 2003** and ending **SEP 30, 2004****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 Instructions

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

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

**1838 WALDEMERE STREET**

City or town, state or country, and ZIP + 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 organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☐ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: ▶ **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.**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **17,064,413.****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	3,840,545.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ 3,840,545. noncash \$ )	1d	3,840,545.	
	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	27,603.	
	5	Dividends and interest from securities	5	478,492.	
	6a	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		
	8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	
	b	Less cost or other basis and sales expenses	12,689,515.	8b	
	c	Gain or (loss) (attach schedule)	12,621,231.	8c	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	68,284.	8d	68,284.
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	STMT 1	STMT 2		
a	Gross revenue (not including \$ 18,077. of contributions reported on line 1a)	9a	21,418.		
b	Less direct expenses other than fundraising expenses	9b	21,729.		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	SEE STATEMENT 3	9c	-311.	
10a	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	6,840.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	4,421,453.		
13	Program services (from line 44, column (B))	13	1,310,184.		
14	Management and general (from line 44, column (C))	14	437,817.		
15	Fundraising (from line 44, column (D))	15	454,079.		
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17	2,202,080.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	2,219,373.		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	24,141,342.		
20	Other changes in net assets or fund balances (attach explanation)	20	2,178,635.		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	28,539,350.		

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

Form 990 (2003)

**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 Page 2

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)			<b>STATEMENT 8</b>	
cash \$ 1,310,184. noncash \$	22 1,310,184.	1,310,184.	<b>STATEMENT 7</b>	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 275,700.	0.	151,635.	124,065.
26 Other salaries and wages	26 276,682.		127,663.	149,019.
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 8,758.		4,861.	3,897.
34 Telephone	34			
35 Postage and shipping	35			
36 Occupancy	36			
37 Equipment rental and maintenance	37 8,361.		8,361.	
38 Printing and publications	38 50,735.		9,177.	41,558.
39 Travel	39 16,540.		7,443.	9,097.
40 Conferences, conventions, and meetings	40 8,773.		8,229.	544.
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 21,830.		10,915.	10,915.
43 Other expenses not covered above (itemize)				
a	43a			
b	43b			
c	43c			
d	43d			
e SEE STATEMENT 5	43e 224,517.		109,533.	114,984.
44 Total functional expenses (add lines 22 through 43)	44 2,202,080.	1,310,184.	437,817.	454,079.
Organizations completing columns (B)-(D), carry these totals to lines 13-15				

**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 6**

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 \$ )	1,101,003.
b GRANTS TO SARASOTA COUNTY PUBLIC HOSPITAL BOARD, SARASOTA MEMORIAL HOSPITAL FOR PROFESSIONAL AND COMMUNITY EDUCATION PROGRAMS.	(Grants and allocations \$ )	43,101.
c GRANTS TO SARASOTA COUNTY PUBLIC HOSPITAL BOARD, SARASOTA MEMORIAL HOSPITAL FOR PATIENT CARE & OTHER NEEDS	(Grants and allocations \$ )	18,390.
d GRANT TO SUN COAST COMMUNITIES BLOOD BANK FOR EQUIPMENT	(Grants and allocations \$ )	142,690.
e Other program services (attach schedule) <b>STATEMENT 9</b>	(Grants and allocations \$ )	5,000.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		1,310,184.

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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	
<b>Assets</b>	45 Cash - non-interest-bearing	75.	45	75.	
	46 Savings and temporary cash investments	1,581,623.	46	1,167,001.	
	47 a Accounts receivable	40,715.			
	b Less allowance for doubtful accounts			40,715.	
	48 a Pledges receivable	856,857.			
	b Less allowance for doubtful accounts			856,857.	
	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				
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges	11,867.	53	11,830.	
	54 Investments - securities STMT 10 STMT 11 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	21,455,818.	54	26,489,584.	
	55 a Investments - land, buildings, and equipment basis				
	b Less accumulated depreciation				
<b>Liabilities</b>	56 Investments - other SEE STATEMENT 12	65,797.	56	70,294.	
	57 a Land, buildings, and equipment, basis	134,761.			
	b Less accumulated depreciation	96,604.			
	58 Other assets (describe SEE STATEMENT 13 )	48,755.	57c	38,157.	
		1,757,402.	58	2,240,287.	
	59 Total assets (add lines 45 through 58) (must equal line 74)	26,082,393.	59	30,914,800.	
	60 Accounts payable and accrued expenses	20,929.	60	33,752.	
	61 Grants payable	1,608,289.	61	2,040,987.	
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees		63		
<b>Net Assets or Fund Balances</b>	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable		64b		
	65 Other liabilities (describe SEE STATEMENT 14 )	311,833.	65	300,711.	
	66 Total liabilities (add lines 60 through 65)	1,941,051.	66	2,375,450.	
	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	16,808,244.	67	20,655,177.	
	68 Temporarily restricted	1,679,500.	68	2,090,290.	
	69 Permanently restricted	5,653,598.	69	5,793,883.	
	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)	24,141,342.	73	28,539,350.	
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	26,082,393.	74	30,914,800.	

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.


<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	6,636,785.
<b>b</b>	Amounts included on line <b>a</b> but not on line 12, Form 990		
<b>(1)</b>	Net unrealized gains on investments \$ 2,166,003.		
<b>(2)</b>	Donated services and use of facilities \$ 70,148.		
<b>(3)</b>	Recoveries of prior year grants \$		
<b>(4)</b>	Other (specify). STMT 15 \$ 7,825.		
	Add amounts on lines (1) through (4)	<b>b</b>	2,243,976.
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	4,392,809.
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b> :		
<b>(1)</b>	Investment expenses not included on line 6b, Form 990 \$ 28,644.		
<b>(2)</b>	Other (specify) \$		
	Add amounts on lines (1) and (2)	<b>d</b>	28,644.
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	4,421,453.

<b>Part IV-B</b>	<b>Reconciliation of Expenses per Audited Financial Statements with Expenses per Return</b>	Page 4
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<b>a</b>	Total expenses and losses per audited financial statements	▶	<b>a</b>	2,243,584.
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990			
(1)	Donated services and use of facilities	\$ 70,148.		
(2)	Prior year adjustments reported on line 20, Form 990	\$		
(3)	Losses reported on line 20, Form 990	\$		
(4)	Other (specify)	\$		
	Add amounts on lines (1) through (4)	▶	<b>b</b>	70,148.
<b>c</b>	Line <b>a</b> minus line <b>b</b>	▶	<b>c</b>	2,173,436.
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b>			
(1)	Investment expenses not included on line 6b, Form 990	\$ 28,644.		
(2)	Other (specify)	\$		
	Add amounts on lines (1) and (2)	▶	<b>d</b>	28,644.
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	▶	<b>e</b>	2,202,080.

<b>Part V</b>	<b>List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated )
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[illegible]

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

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**Part VI Other Information**

		Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>76</b>		<b>X</b>
<b>77</b> 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	<b>77</b>		<b>X</b>
<b>78 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>		<b>X</b>
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?	<b>78b</b>		
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<b>79</b>		<b>X</b>
<b>80 a</b> 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?	<b>80a</b>		<b>X</b>
<b>b</b> If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
<b>81 a</b> Enter direct or indirect political expenditures. See line 81 instructions	<b>81a</b>		
<b>b</b> Did the organization file Form 1120-POL for this year?	<b>81b</b>		<b>X</b>
<b>82 a</b> 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?	<b>82a</b>	<b>X</b>	
<b>b</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.)	<b>82b</b>		
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	<b>X</b>	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83b</b>	<b>X</b>	
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>		
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b>		
<b>85 501(c)(4), (5), or (6) organizations.</b> <b>a</b> Were substantially all dues nondeductible by members?	<b>85a</b>		
<b>b</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	<b>85b</b>		
<b>c</b> Dues, assessments, and similar amounts from members	<b>85c</b>		
<b>d</b> Section 162(e) lobbying and political expenditures	<b>85d</b>		
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>		
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>		
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>		
<b>h</b> 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?	<b>85h</b>		
<b>86 501(c)(7) organizations.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b>		
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>		
<b>87 501(c)(12) organizations.</b> Enter: <b>a</b> Gross income from members or shareholders	<b>87a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>87b</b>		
<b>88</b> 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	<b>88</b>		<b>X</b>
<b>89 a 501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under section 4911: 0., section 4912: 0., section 4955: 0.			
<b>b 501(c)(3) and 501(c)(4) organizations.</b> 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	<b>89b</b>		<b>X</b>
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
<b>90 a</b> List the states with which a copy of this return is filed: <b>FLORIDA</b>			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2003	<b>90b</b>		<b>7</b>
<b>91</b> The books are in care of: <b>ALEXANDRA QUARLES</b> Telephone no: <b>941-917-1286</b>			
Located at: <b>1838 WALDEMERE STREET, SARASOTA, FL</b> ZIP + 4: <b>34239</b>			
<b>92</b> 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	<b>92</b>		<b>N/A</b>

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Form 990 (2003)

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**SARASOTA MEMORIAL HEALTHCARE FOUNDATION,  
INC.**

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**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	27,603.	
96 Dividends and interest from securities			14	478,492.	
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	68,284.	
101 Net income or (loss) from special events			01	-311.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a <b>OTHER INCOME</b>			01	6,840.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		580,908.	0.
105 Total (add line 104, columns (B), (D), and (E))					580,908.

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 34 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 34 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 34 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).

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

Date 12/7/05 Type or print name and title Robert E. Kiebits, Treasurer

CPA Date 12/7/05 Check if self-employed ☐ Preparer's SSN or PTIN P00106704

**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

**2003**

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	56,082.	7,749.	0.
-----				
-----				
-----				
-----				
-----				
-----				
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) 2003 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 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments) SEE STATEMENT 17

3a

X

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

3b

X

- 4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4

X

**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) 2003



## SARASOTA MEMORIAL HEALTHCARE FOUNDATION,

Schedule A (Form 990 or 990-EZ) 2003 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	2,329,260.	3,396,613.	1,474,107.	1,014,153.	8,214,133.
<b>16</b> Membership fees received					
<b>17</b> 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	108,119.	26,538.	3,065.	66,665.	204,387.
<b>18</b> 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	487,141.	540,631.	659,143.	637,922.	2,324,837.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	8,588.	13,940.	SEE STATEMENT 18 10,911.	3,160.	36,599.
<b>23</b> Total of lines 15 through 22	2,933,108.	3,977,722.	2,147,226.	1,721,900.	10,779,956.
<b>24</b> Line 23 minus line 17	2,824,989.	3,951,184.	2,144,161.	1,655,235.	10,575,569.
<b>25</b> Enter 1% of line 23	29,331.	39,777.	21,472.	17,219.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					<b>26a</b> 211,511.
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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b> 1,123,053.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					<b>26c</b> 10,575,569.
d Add Amounts from column (e) for lines: 18 2,324,837. 19					<b>26d</b> 3,484,489.
22 36,599. 26b 1,123,053.					<b>26e</b> 7,091,080.
e Public support (line 26c minus line 26d total)					<b>26f</b> 67.0515%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
<b>27 Organizations described on line 12:</b> 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				
(2002) (2001) (2000) (1999)					
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				
(2002) (2001) (2000) (1999)					
c Add Amounts from column (e) for lines 15 16					<b>27c</b> N/A
17 20 21					<b>27d</b> N/A
d Add Line 27a total and line 27b total					<b>27e</b> N/A
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)			<b>27f</b> N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> N/A %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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					

323121 12-05-03

NONE

Schedule A (Form 990 or 990-EZ) 2003

## SARASOTA MEMORIAL HEALTHCARE FOUNDATION,

Schedule A (Form 990 or 990-EZ) 2003 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?
- 30** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 31** Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?  
If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- 32** Does the organization maintain the following:
- a** Records indicating the racial composition of the student body, faculty, and administrative staff?
- b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d** Copies of all material used by the organization or on its behalf to solicit contributions?  
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )
- \_\_\_\_\_
- \_\_\_\_\_
- 33** Does the organization discriminate by race in any way with respect to:
- a** Students' rights or privileges?
- b** Admissions policies?
- c** Employment of faculty or administrative staff?
- d** Scholarships or other financial assistance?
- e** Educational policies?
- f** Use of facilities?
- g** Athletic programs?
- h** Other extracurricular activities?  
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )
- \_\_\_\_\_
- \_\_\_\_\_
- 34 a** Does the organization receive any financial aid or assistance from a governmental agency?
- b** Has the organization's right to such aid ever been revoked or suspended?  
If you answered "Yes" to either 34a or b, please explain using an attached statement.
- 35** Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

Yes No

29		
30		
31		
32a		
32b		
32c		
32d		
33a		
33b		
33c		
33d		
33e		
33f		
33g		
33h		
34a		
34b		
35		

Schedule A (Form 990 or 990-EZ) 2003

## SARASOTA MEMORIAL HEALTHCARE FOUNDATION,

Schedule A (Form 990 or 990-EZ) 2003 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	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table - <div style="display: flex; justify-content: space-between;"> <div> <b>If the amount on line 40 is -</b>            Not over \$500,000            Over \$500,000 but not over \$1,000,000            Over \$1,000,000 but not over \$1,500,000            Over \$1,500,000 but not over \$17,000,000            Over \$17,000,000         </div> <div> <b>The lobbying nontaxable amount is -</b>            20% of the amount on line 40            \$100,000 plus 15% of the excess over \$500,000            \$175,000 plus 10% of the excess over \$1,000,000            \$225,000 plus 5% of the excess over \$1,500,000            \$1,000,000         </div> </div>	<b>41</b>	
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>	

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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> 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.

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions.)

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

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

- (1) Cash

- (ii) Other assets**

- b Other transactions.**

- (i) Sales or exchanges of assets with a noncharitable exempt organization**

- (ii) Purchases of assets from a noncharitable exempt organization**

- (lii) Rental of facilities, equipment, or other assets

- (iv) Reimbursement arrangements**

- (v) Loans or loan guarantees**

- (vi) Performance of services or membership or fundraising solicitations**

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

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

	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]

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

▶ ☐ Yes ☒ No

- b If "Yes," complete the following schedule**

N/A

[illegible]

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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)
SALE OF SECURITIES	12,689,515.	12,621,231.	0.	68,284.
TO FORM 990, PART I, LINE 8	12,689,515.	12,621,231.	0.	68,284.

FORM 990	GAIN (LOSS) FROM SALE OF OTHER ASSETS	STATEMENT	2
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
FIXED ASSET DISPOSAL	VARIOUS	VARIOUS	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC
	0.	9,882.	0.	9,882.
TO FM 990, PART I, LN 8		9,882.	0.	9,882.
				NET GAIN OR (LOSS)
				0.
				0.

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	3
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SNYDER GOLF TOURNAMENT	15,450.	10,025.	5,425.	3,766.	1,659.
PHYSICIANS GOLF TOURNAMENT	24,045.	8,052.	15,993.	17,963.	-1,970.
TO FM 990, PART I, LINE 9	39,495.	18,077.	21,418.	21,729.	-311.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
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DESCRIPTION	AMOUNT
UNREALIZED GAINS ON INVESTMENTS	2,166,003.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	4,807.
UNREALIZED GAINS ON PERPETUAL TRUST	7,825.
TOTAL TO FORM 990, PART I, LINE 20	2,178,635.

FORM 990	OTHER EXPENSES			STATEMENT	5
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
INSURANCE	8,450.		8,450.		
DUES & SUBSCRIPTIONS	8,617.		7,378.	1,239.	
MISCELLANEOUS	1,472.		1,325.	147.	
PUBLIC RELATIONS	71,459.			71,459.	
PURCHASED SERVICES	80,707.		39,658.	41,049.	
PROFESSIONAL FEES	25,168.		24,078.	1,090.	
INVESTMENT FEES	28,644.		28,644.		
TOTAL TO FM 990, LN 43	224,517.		109,533.	114,984.	

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	6
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## 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	7
CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT	
EQUIPMENT & FACILITIES	SARASOTA MEMORIAL HOSPITAL	1700 S. TAMiami TRAIL, SARASOTA, FL	NONE	732,755.	
EQUIPMENT	SUNCOAST COMMUNITIES BLOOD BANK	SARASOTA, FL	NONE	142,690.	
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				875,445.	

FORM 990

CASH GRANTS AND ALLOCATIONS  
APPROVED BUT NOT PAID BY FILING DEADLINE

STATEMENT 8

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
PROFESSIONAL & COMMUNITY EDUCATION	SARASOTA MEMORIAL HOSPITAL	1700 S. TAMiami TRAIL, SARASOTA, FL	NONE	43,101.
PATIENT CARE & OTHER NEEDS	SARASOTA MEMORIAL HOSPITAL	1700 S. TAMiami TRAIL, SARASOTA, FL	NONE	18,390.
PRESCHOOL VISION SCREENING	PREVENT BLINDNESS FLORIDA	3825 HENDERSON BLVD., TAMPA, FL	NONE	5,000.
EQUIPMENT & FACILITIES	SARASOTA MEMORIAL HOSPITAL	1700 S. TAMiami TRAIL, SARASOTA, FL	NONE	368,248.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				434,739.

FORM 990

OTHER PROGRAM SERVICES

STATEMENT 9

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
GRANT TO PREVENT BLINDNESS FLORIDA FOR PRESCHOOL VISION SCREENING		5,000.
TOTAL TO FORM 990, PART III, LINE E		5,000.



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FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT 10
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SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE BONDS		1,393,316.			1,393,316.
MUTUAL FUNDS				20,420,205.	20420205.
TO 990, LN 54 COL B		1,393,316.		20,420,205.	21813521.

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FORM 990	GOVERNMENT SECURITIES	STATEMENT 11
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DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
U.S. GOVERNMENT OBLIGATIONS	4,676,063.		4,676,063.
TOTAL TO FORM 990, LINE 54, COL B	4,676,063.		4,676,063.

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FORM 990	OTHER INVESTMENTS	STATEMENT 12
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DESCRIPTION	VALUATION METHOD	AMOUNT
BENEFICIAL INTEREST IN LIFE INSURAN	COST	70,294.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		70,294.

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FORM 990	OTHER ASSETS	STATEMENT 13
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DESCRIPTION	AMOUNT
ASSETS HELD IN CHARITABLE TRUSTS	602,905.
BEQUEST RECEIVABLE	486,216.
BENEFICIAL INTEREST IN PERPETUAL TRUST	529,788.
CONTRIBUTIONS RECEIVABLE FROM CHARITABLE REMAINDER TRUST	621,378.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	2,240,287.

FORM 990	OTHER LIABILITIES	STATEMENT 14
DESCRIPTION		AMOUNT
ANNUITY PAYABLE		206,280.
LIABILITY UNDER UNITRUST AGREEMENTS		94,431.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		300,711.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 15
DESCRIPTION		AMOUNT
UNREALIZED GAIN ON PERPETUAL TRUST		7,825.
TOTAL TO FORM 990, PART IV-A		7,825.

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT 16
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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	175,091.	11,073.	6,446.
HARVEY J. ABEL, ESQ. 1838 WALDEMERE ST., SARASOTA, FL 34239	TRUSTEE 5	0.	0.	0.
ROBERT E. KIEBITZ 1838 WALDEMERE ST., SARASOTA, FL 34239	TREASURER 10	0.	0.	0.
WILLIAM A. STANFORD 1838 WALDEMERE ST., SARASOTA, FL 34239	TRUSTEE 5	0.	0.	0.
JAMES P. SCHEURENBRAND 1838 WALDEMERE ST., SARASOTA, FL 34239	TRUSTEE 5	0.	0.	0.

GLENN F. KIPLINGER, MD, PHD 1838 WALDEMERE ST., SARASOTA, FL 34239	SECRETARY 10	0.	0.	0.
PRISCILLA R. MITCHELL 1838 WALDEMERE ST., SARASOTA, FL 34239	VICE PRESIDENT & CFO 40	100,609.	12,357.	0.
J. ROBERT PETERSON 1838 WALDEMERE ST., SARASOTA, FL 34239	TRUSTEE 5	0.	0.	0.
KAREN S. MATTESON 1838 WALDEMERE ST., SARASOTA, FL 34239	CHAIRMAN 10	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	IMMEDIATE PAST CHAIRMAN 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	VICE CHAIRMAN 10	0.	0.	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.
ROBERT D. BOHAN 1838 WALDEMERE ST. SARASOTA, FL 34239	TRUSTEE 5	0.	0.	0.
HOWARD ISERMANN 1838 WALDEMERE ST. SARASOTA, FL 34239	TRUSTEE 5	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V

275,700.

23,430.

6,446.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 17  
PART III, LINE 3

SEE ATTACHED STATEMENT

SCHEDULE A OTHER INCOME STATEMENT 18

DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT
OTHER INCOME	8,588.	13,940.	10,911.	3,160.
TOTAL TO SCHEDULE A, LINE 22	8,588.	13,940.	10,911.	3,160.

SARASOTA MEMORIAL HEALTHCARE FOUNDATION, INC.

EIN 51-0188568

2003 FORM 990

FYE: SEPTEMBER 30, 2004

PART IV, LINE 57B

COST BEGINNING OF YEAR	\$ 133,412
ADDITIONS	11,231
RETIREMENTS*	(9,882)
<b>COST END OF YEAR</b>	<b><u>\$ 134,761</u></b>

ACCUMULATED DEPRECIATION, BEGINNING OF YEAR	\$ 84,657
DEPRECIATION EXPENSES	21,829
ACCUMULATED DEPRECIATION ON RETIREMENTS*	(9,882)
<b>ACCUMULATED DEPRECIATION, END OF YEAR</b>	<b><u>\$ 96,604</u></b>

RETIREMENTS:

GROSS PROCEEDS	\$ -
COST	9,882
ACCUMULATED DEPRECIATION	9,882
<b>LOSS ON RETIREMENT OF ASSETS</b>	<b><u>\$ -</u></b>

SARASOTA MEMORIAL HEALTHCARE FOUNDATION, INC.

EIN: 51-0188568

2003 FORM 990

FYE SEPTEMBER 30, 2004

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).