

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

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

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

OMB No 1545-0047

**2007**

Open to Public Inspection

**A** For the 2007 calendar year, or tax year beginning **OCT 1, 2007** and ending **SEP 30, 2008****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ 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

**E** Telephone number**1515 SO OSPREY AVE BLDG B-4****B4****(941) 917-1286**

City or town, state or country, and ZIP + 4

**SARASOTA, FL 34239****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 ▶ **N/A****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 ▶ **N/A****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 is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **11,751,194.****Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received				
	<b>a</b>	Contributions to donor advised funds	<b>1a</b>			
	<b>b</b>	Direct public support (not included on line 1a)	<b>1b</b>	<b>3,655,738.</b>		
	<b>c</b>	Indirect public support (not included on line 1a)	<b>1c</b>			
	<b>d</b>	Government contributions (grants) (not included on line 1a)	<b>1d</b>			
	<b>e</b>	Total (add lines 1a through 1d) (cash \$ <b>3,655,738.</b> noncash \$ )	<b>1e</b>	<b>3,655,738.</b>		
	<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			
	<b>3</b>	Membership dues and assessments	<b>3</b>			
	<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>	<b>218,069.</b>		
	<b>5</b>	Dividends and interest from securities	<b>5</b>	<b>3,106,463.</b>		
	<b>6a</b>	Gross rents	<b>6a</b>			
	<b>6b</b>	Less: rental expenses	<b>6b</b>			
Expenses	<b>c</b>	Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>			
	<b>7</b>	Other investment income (describe )	<b>7</b>			
	<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities	<b>8a</b>		
	<b>b</b>	Less: cost or other basis and sales expenses	<b>8b</b>	<b>1,630.</b>		
	<b>c</b>	Gain or (loss) (attach schedule)	<b>8c</b>	<b>-1,630.</b>		
	<b>d</b>	Net gain or (loss). Combine lines 8a, columns (A) and (B)	<b>8d</b>	<b>277,466.</b>		
	<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	<b>a</b>	Gross revenue (not including \$ <b>104,991.</b> of contributions reported on line 1b)	<b>9a</b>	<b>112,806.</b>		
	<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>	<b>110,440.</b>		
	<b>c</b>	Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>	<b>2,366.</b>		
	<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>			
	<b>b</b>	Less: cost of goods sold	<b>10b</b>			
Net Assets	<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>			
	<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>	<b>8,118.</b>		
	<b>12</b>	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>	<b>7,268,220.</b>		
	<b>13</b>	Program services (from line 44, column (B))	<b>13</b>	<b>3,035,017.</b>		
	<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>	<b>643,609.</b>		
	<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>	<b>600,553.</b>		
	<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b>	Total expenses. Add lines 16 and 44, column (A)	<b>17</b>	<b>4,279,179.</b>		
	<b>18</b>	Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>	<b>2,989,041.</b>		
	<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>34,552,948.</b>		
	<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>-10,325,818.</b>		
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>	<b>27,216,171.</b>		

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12-27-07

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

Form 990 (2007)

**SARASOTA MEMORIAL HEALTHCARE FOUNDATION,  
INC.**

Form 990 (2007)

51-0188568 Page 2

**Part II Statement of  
Functional Expenses**

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ 2,702,521 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	2,702,521.	2,702,521.	<b>STATEMENT 6</b>	
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	381,131.	0.	237,616.	143,515.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	243,856.		113,225.	130,631.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c				
<b>28</b> Employee benefits not included on lines 25a - 27	37,986.		20,082.	17,904.
<b>29</b> Payroll taxes	36,982.		20,499.	16,483.
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	27,526.		27,526.	
<b>32</b> Legal fees	3,250.		2,925.	325.
<b>33</b> Supplies	19,657.		11,344.	8,313.
<b>34</b> Telephone	2,150.		1,075.	1,075.
<b>35</b> Postage and shipping	17,767.		1,777.	15,990.
<b>36</b> Occupancy	34,730.		17,365.	17,365.
<b>37</b> Equipment rental and maintenance				
<b>38</b> Printing and publications	41,935.		8,387.	33,548.
<b>39</b> Travel	12,861.		5,255.	7,606.
<b>40</b> Conferences, conventions, and meetings	7,113.		5,202.	1,911.
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc. (attach schedule)	32,476.		16,238.	16,238.
<b>43</b> Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g <b>SEE STATEMENT 5</b>	677,238.	332,496.	155,093.	189,649.
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	4,279,179.	3,035,017.	643,609.	600,553.

**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 \$ N/A, (ii) the amount allocated to Program services \$ N/A,

(iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

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Form 990 (2007)

**SARASOTA MEMORIAL HEALTHCARE FOUNDATION,  
INC.**

Form 990 (2007)

51-0188568 Page **3**

**Part III Statement of Program Service Accomplishments** (See the instructions.)

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.

What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 7</b>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
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.)	
<b>a GRANTS TO SARASOTA COUNTY PUBLIC HOSPITAL BOARD, SARASOTA MEMORIAL HOSPITAL FOR EQUIPMENT AND FACILITIES</b>	
(Grants and allocations \$ <b>2,327,342.</b> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>2,327,342.</b>
<b>b GRANTS TO SARASOTA COUNTY PUBLIC HOSPITAL BOARD, SARASOTA MEMORIAL HOSPITAL FOR PROFESSIONAL AND COMMUNITY EDUCATION PROGRAMS.</b>	
(Grants and allocations \$ <b>111,312.</b> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>111,312.</b>
<b>c GRANTS TO SARASOTA COUNTY PUBLIC HOSPITAL BOARD, SARASOTA MEMORIAL HOSPITAL FOR PATIENT CARE &amp; OTHER NEEDS</b>	
(Grants and allocations \$ <b>228,867.</b> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>228,867.</b>
<b>d GRANT TO WELLNESS &amp; CHILD PROTECTION CENTERS FOR OUTREACH PROGRAM</b>	
(Grants and allocations \$ <b>35,000.</b> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>35,000.</b>
<b>e Other program services (attach schedule) SEE STATEMENT 8</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>332,496.</b>
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	<b>3,035,017.</b>

Form **990** (2007)

**SARASOTA MEMORIAL HEALTHCARE FOUNDATION,  
INC.**

Form 990 (2007)

51-0188568 Page **4**

**Part IV Balance Sheets** (See the instructions.)

**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	76.	45	75.
	46 Savings and temporary cash investments	2,616,499.	46	1,283,445.
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts		47c	
	48 a Pledges receivable	586,472.		
	b Less: allowance for doubtful accounts		48c	586,472.
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	150,485.	53	106,446.
	54 a Investments - publicly-traded securities STMT 14 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	6,792,619.	54a	5,865,385.
	b Investments - other securities STMT 13 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	24,922,130.	54b	18,226,254.
55 a Investments - land, buildings, and equipment: basis				
b Less: accumulated depreciation		55c		
56 Investments - other SEE STATEMENT 9	63,281.	56	56,818.	
57 a Land, buildings, and equipment: basis	281,634.			
b Less: accumulated depreciation STMT 10	152,777.	57c	128,857.	
58 Other assets, including program-related investments (describe SEE STATEMENT 11 )	3,839,229.	58	3,555,363.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	39,397,613.	59	29,809,115.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	81,316.	60	40,569.
	61 Grants payable	3,423,173.	61	1,935,388.
	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 12 )	1,340,176.	65	616,987.
	66 <b>Total liabilities.</b> Add lines 60 through 65	4,844,665.	66	2,592,944.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	21,302,396.	67	15,031,784.
	68 Temporarily restricted	7,080,986.	68	5,979,316.
	69 Permanently restricted	6,169,566.	69	6,205,071.
	<b>Organizations that do not follow SFAS 117, check here</b> <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 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	34,552,948.	73	27,216,171.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	39,397,613.	74	29,809,115.

Form 990 (2007)

Form 990 (2007)

51-0188568 Page 5

**Part IV-A** **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	-2954282.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>	-10,123,476.	
<b>2</b>	Donated services and use of facilities	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants	<b>b3</b>	18,054.	
<b>4</b>	Other (specify): <u>UNREALIZED LOSS ON PERPETUAL TRUST</u>	<b>b4</b>	-116,680.	
	Add lines <b>b1</b> through <b>b4</b>			<b>b</b> -10,222,102.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>			<b>c</b> 7,267,820.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>	400.	
<b>2</b>	Other (specify): _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>			<b>d</b> 400.
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>			<b>e</b> 7,268,220.

<b>Part IV-B</b>	<b>Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>
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<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	4,278,779.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:			
1	Donated services and use of facilities	<b>b1</b>		
2	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
3	Losses reported on Part I, line 20	<b>b3</b>		
4	Other (specify): _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	0.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	4,278,779.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>	400.	
2	Other (specify): _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	400.
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	4,279,179.

**Part V-A** **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

[illegible]

Yes	No
-----	----

21

75b

**x**

75c

# X

75d

**X**

**Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Yes	No
-----	----

76

**x**

77

**X**

78a

N/A

78b

---

79

**X**

80a

**X**

| 81a

0

81b

**x**

Form

Form **990** (2007)

**SARASOTA MEMORIAL HEALTHCARE FOUNDATION,  
INC.**

Form 990 (2007)

51-0188568 Page **7**

**Part VI Other Information** (continued)

		Yes	No
<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>		
13,140.			
<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 <i>quid pro quo</i> 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>X</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>		
N/A			
<b>85 a</b> 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	<b>85a</b>		
N/A			
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>85b</b>		
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.			
<b>c</b> Dues, assessments, and similar amounts from members	<b>85c</b>		
N/A			
<b>d</b> Section 162(e) lobbying and political expenditures	<b>85d</b>		
N/A			
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>		
N/A			
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>		
N/A			
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>		
N/A			
<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>		
N/A			
<b>86</b> 501(c)(7) organizations. Enter: <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b>		
N/A			
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>		
N/A			
<b>87</b> 501(c)(12) organizations. Enter: <b>a</b> Gross income from members or shareholders	<b>87a</b>		
N/A			
<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>		
N/A			
<b>88 a</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>88a</b>		<b>X</b>
<b>b</b> At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	<b>88b</b>		<b>X</b>
<b>89 a</b> 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>			
<b>b</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	<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 <u>0.</u>			
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>			
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	<b>89e</b>		<b>X</b>
<b>f</b> All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	<b>89f</b>		<b>X</b>
<b>g</b> For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>89g</b>		<b>X</b>
<b>90 a</b> List the states with which a copy of this return is filed <b>FL</b>			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2007	<b>90b</b>		<b>7</b>
<b>91 a</b> The books are in care of <b>ALEXANDRA QUARLES</b> Telephone no <b>941-917-1286</b> Located at <b>1515 OSPREY AVE SUITE B4, SARASOTA, FL</b> ZIP + 4 <b>34239</b>			
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <b>N/A</b> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	<b>91b</b>		<b>X</b>

Form **990** (2007)

**SARASOTA MEMORIAL HEALTHCARE FOUNDATION,  
INC.**

Form 990 (2007)

51-0188568 Page **8**

**Part VI Other Information** (continued) **Yes No**

**c** At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** ☐ ☒  
If "Yes," enter the name of the foreign country N/A

**92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ☐  
and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

**Part VII Analysis of Income-Producing Activities** (See 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	
<b>93</b> Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	218,069.	
<b>96</b> Dividends and interest from securities			14	3,106,463.	
<b>97</b> Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory			18	277,466.	
<b>101</b> Net income or (loss) from special events			01	2,366.	
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue:					
a OTHER INCOME			01	8,118.	
b					
c					
d					
e					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0.		3,612,482.	0.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					3,612,482.

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See 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 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 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).

Form **990** (2007)



**SARASOTA MEMORIAL HEALTHCARE FOUNDATION,  
INC.**

Form 990 (2007)

51-0188568 Page 9

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
<b>a</b>	----- -----					
<b>b</b>	----- -----					
<b>c</b>	----- -----					
<b>Totals</b>						

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
<b>a</b>	----- -----					
<b>b</b>	----- -----					
<b>c</b>	----- -----					
<b>Totals</b>						

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

		Yes	No

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.

Please Sign Here	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="display: flex; justify-content: space-between;"> <div>Signature of officer</div> <div>Date <span style="border-bottom: 1px solid black;">1/27/09</span></div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div>Type or print name and title <span style="float: right;">Senior Vice President &amp; CFO</span></div>	
Paid Preparer's Use Only	<div style="display: flex; justify-content: space-between;"> <div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div> Preparer's signature  REBECCA U. STONER  KERKERING, BARBERIO &amp; CO., P.A.  P.O. BOX 49348  SARASOTA, FL 34230-6348 </div> </div> <div> Date  <span style="border-bottom: 1px solid black;">1/13/09</span> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> Check if self-employed <input type="checkbox"/> </div> <div> Preparer's SSN or PTIN (See Gen. Inst. X)  P00106704 </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> EIN <span style="border-bottom: 1px solid black;">59-1753337</span> </div> <div> Phone no <span style="border-bottom: 1px solid black;">(941) 365-4617</span> </div> </div>	

Form 990 (2007)

**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 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

**2007**

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 1515 S OSPREY AVE STE B4, SARASOTA, FL	DIR OF DEVEL. 40.00	67,889.	7,811.	
KAYE CHASE 1515 S OSPREY AVE STE B4, SARASOTA, FL	DIR OF COMM. 40.00	51,972.	10,653.	
Total number of other employees paid over \$50,000	0			

**Part II-A 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	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

## SARASOTA MEMORIAL HEALTHCARE FOUNDATION,

Schedule A (Form 990 or 990-EZ) 2007 INC.

51-0188568 Page 2

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

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ \_\_\_\_\_ \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line 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-A, FORM 990

2d X

e Transfer of any part of its income or assets?

2e X

- 3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)

SEE STATEMENT 16

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

- 4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

N/A

4b

c Did the organization make a distribution to a donor, donor advisor, or related person?

N/A

4c

d Enter the total number of donor advised funds owned at the end of the tax year

► N/A

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year

► N/A

f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts

► 0.

g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year

► 0.

Schedule A (Form 990 or 990-EZ) 2007

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions)I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2007

## SARASOTA MEMORIAL HEALTHCARE FOUNDATION,

Schedule A (Form 990 or 990-EZ) 2007 INC.

51-0188568 Page 4

**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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	3,366,682.	2,326,529.	2,583,305.	2,972,631.	11,249,147.
<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	41,695.	317,134.	19,293.	39,495.	417,617.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,130,269.	1,458,508.	1,251,984.	506,095.	5,346,856.
<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.	5,371.	3,974.	SEE STATEMENT 17 60,447.	6,840.	76,632.
<b>23</b> Total of lines 15 through 22	5,544,017.	4,106,145.	3,915,029.	3,525,061.	17,090,252.
<b>24</b> Line 23 minus line 17	5,502,322.	3,789,011.	3,895,736.	3,485,566.	16,672,635.
<b>25</b> Enter 1% of line 23	55,440.	41,061.	39,150.	35,251.	
<b>26</b> Organizations described on lines 10 or 11: <b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b> 333,453.
<b>b</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 2003 through 2006 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> 1,642,346.
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e)					<b>26c</b> 16,672,635.
<b>d</b> Add. Amounts from column (e) for lines 18 <u>5,346,856.</u> 19 <u>1,642,346.</u> 22 <u>76,632.</u> 26b <u>1,642,346.</u>					<b>26d</b> 7,065,834.
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> 9,606,801.
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 57.6202%
<b>27</b> Organizations described on line 12: <b>a</b> 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. <b>N/A</b>					
(2006) (2005) (2004) (2003)					
<b>b</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 11b, 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. <b>N/A</b>					
(2006) (2005) (2004) (2003)					
<b>c</b> Add. Amounts from column (e) for lines 15 <u>                    </u> 16 <u>                    </u> 17 <u>                    </u> 20 <u>                    </u> 21 <u>                    </u>					<b>27c</b> N/A
<b>d</b> Add. Line 27a total <u>                    </u> and line 27b total <u>                    </u>					<b>27d</b> N/A
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b> N/A
<b>f</b> Total support for section 509(a)(2) test. Enter amount on line 23, column (e)			<b>27f</b> N/A		
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> N/A %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> N/A %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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

723131 12-27-07

NONE

Schedule A (Form 990 or 990-EZ) 2007

## SARASOTA MEMORIAL HEALTHCARE FOUNDATION,

Schedule A (Form 990 or 990-EZ) 2007 INC.

51-0188568 Page 5

**Part V Private School Questionnaire** (See page 9 of the instructions)

N/A

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

	Yes	No
<b>29</b> 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?		
<b>30</b> 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?		
<b>31</b> 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 )		
<hr/>		
<hr/>		
<hr/>		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> 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 )		
<hr/>		
<hr/>		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)		
<hr/>		
<hr/>		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</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		
<b>35</b> 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		

Schedule A (Form 990 or 990-EZ) 2007

## SARASOTA MEMORIAL HEALTHCARE FOUNDATION,

Schedule A (Form 990 or 990-EZ) 2007 INC.

51-0188568 Page 6

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 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
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	N/A	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)		
<b>39</b> Other exempt purpose expenditures		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -		
<b>If the amount on line 40 is -</b>		
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	
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38		

**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 13 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(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 14 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.)

Yes	No	Amount
		0.

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





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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	4,650,000.	4,370,904.	0.	279,096.
TO FORM 990, PART I, LINE 8	4,650,000.	4,370,904.	0.	279,096.

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FORM 990                      GAIN (LOSS) FROM SALE OF OTHER ASSETS                      STATEMENT      2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
SALE OF PROPERTY, PLANT & EQUIP	VARIOUS	VARIOUS	PURCHASED

  

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	33,428.	0.	31,798.	-1,630.
TO FM 990, PART I, LN 8		33,428.	0.	31,798.	-1,630.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
KEY TO THE CURE	74,844.	38,808.	36,036.	16,216.	19,820.
PHYSICIANS GOLF					
TOURNAMENT	84,258.	27,515.	56,743.	41,352.	15,391.
ROCK THE ROOF	58,695.	38,668.	20,027.	52,872.	-32,845.
TO FM 990, PART I, LINE 9	217,797.	104,991.	112,806.	110440.	2,366.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
UNREALIZED LOSSES ON INVESTMENTS	-10,123,476.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	-103,716.
UNREALIZED LOSSES ON PERPETUAL TRUST	-116,680.
RETURN OF GRANT FUNDS	18,054.
TOTAL TO FORM 990, PART I, LINE 20	-10,325,818.

FORM 990

OTHER EXPENSES

STATEMENT 5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	10,098.		10,098.	
DUES & SUBSCRIPTIONS	9,715.		3,093.	6,622.
PUBLIC RELATIONS	99,776.			99,776.
PURCHASED SERVICES	83,118.		8,312.	74,806.
INVESTMENT FEES	400.		400.	
EDUCATIONAL PUBLICATION	230,321.	230,321.		
SYMPOSIA	102,175.	102,175.		
MAINTENANCE	8,342.		8,342.	
CONSULTING	133,293.		124,848.	8,445.
TOTAL TO FM 990, LN 43	677,238.	332,496.	155,093.	189,649.

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FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT	6
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
EQUIPMENT & FACILITIES SARASOTA MEMORIAL HOSPITAL 1700 S. TAMiami TRAIL SARASOTA, FL 34239	2,327,342.
PROFESSIONAL & COMMUNITY EDUCATION SARASOTA MEMORIAL HOSPITAL 1700 S. TAMiami TRAIL SARASOTA, FL 34239	111,312.
PATIENT CARE & OTHER NEEDS SARASOTA MEMORIAL HOSPITAL 1700 S. TAMiami TRAIL SARASOTA, FL 34239	228,867.
ABUSED CHILD EXAM ROOMS CHILD PROTECTION CENTER 1750 17TH STREET SARASOTA, FL 34234	10,000.
CAPITAL CAMPAIGN WELLNESS COMMUNITY 3900 CLARK ROAD #P3 SARASOTA, FL 34233	25,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	2,702,521.

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FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	7
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EXPLANATION

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

FORM 990	OTHER PROGRAM SERVICES	STATEMENT	8
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DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
PUBLICATION FOR DISSEMINATION OF KNOWLEDGE CONCERNING HEALTHCARE.	0.	230,321.
CARDIOVASCULAR SYMPOSIUM FOR CONTINUING EDUCATION OF CARDIOLOGISTS, PRIMARY CARE PHYSICIANS AND OTHER HEALTHCARE PROVIDERS AS WELL AS INFORMATION FOR THE GENERAL PUBLIC.	0.	102,175.
TOTAL TO FORM 990, PART III, LINE E		332,496.

FORM 990	OTHER INVESTMENTS	STATEMENT	9
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DESCRIPTION	VALUATION METHOD	AMOUNT
BENEFICIAL INTEREST IN LIFE INSURANCE	MARKET VALUE	56,818.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		56,818.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	10
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE & FIXTURES	281,634.	152,777.	128,857.
TOTAL TO FORM 990, PART IV, LN 57	281,634.	152,777.	128,857.

FORM 990	OTHER ASSETS	STATEMENT	11
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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
ASSETS HELD IN CHARITABLE TRUSTS	387,123.	309,918.
BEQUEST RECEIVABLE	835,009.	1,059,869.
BENEFICIAL INTEREST IN PERPETUAL TRUST	589,827.	473,147.
CONTRIBUTIONS RECEIVABLE FROM CHARITABLE REMAINDER TRUST	898,946.	1,286,293.

SARASOTA MEMORIAL HEALTHCARE FOUNDATION,		51-0188568
ASSETS HELD FOR SARASOTA MEMORIAL HOSPITAL	1,128,324.	426,136.
TOTAL TO FORM 990, PART IV, LINE 58	3,839,229.	3,555,363.

FORM 990	OTHER LIABILITIES	STATEMENT 12
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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
ANNUITY PAYABLE	132,048.	121,578.
LIABILITY UNDER UNITRUST AGREEMENTS	79,804.	69,273.
ASSETS HELD FOR SARASOTA MEMORIAL HOSPITAL	1,128,324.	426,136.
TOTAL TO FORM 990, PART IV, LINE 65	1,340,176.	616,987.

FORM 990	OTHER SECURITIES	STATEMENT 13
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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
MUTUAL FUNDS	FMV	18,226,254.
TO FORM 990, LINE 54B, COL B		18,226,254.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT 14
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
CORE BOND FUND	FMV		5,865,385.		5,865,385.
TO FORM 990, LINE 54A, COL B			5,865,385.		5,865,385.

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FORM 990      PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,      STATEMENT 15  
TRUSTEES AND KEY EMPLOYEES

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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ALEXANDRA QUARLES 1515 S OSPREY AVE STE B4 SARASOTA, FL 34239	PRESIDENT & CEO 50.00	202,977.	11,604.	9,719.
WILLIAM A. STANFORD 1515 S OSPREY AVE STE B4 SARASOTA, FL 34239	CHAIRMAN 10.00	0.	0.	0.
WILLIAM L. WEISS 1515 S OSPREY AVE STE B4 SARASOTA, FL 34239	VICE CHAIRMAN 10.00	0.	0.	0.
RICHARD O. DONEGAN 1515 S OSPREY AVE STE B4 SARASOTA, FL 34239	SECRETARY 10.00	0.	0.	0.
LOUIS E. LEVY 1515 S OSPREY AVE STE B4 SARASOTA, FL 34239	TREASURER 10.00	0.	0.	0.
JOHN T. BERTEAU, ESQ 1515 S OSPREY AVE STE B4 SARASOTA, FL 34239	IMMEDIATE PAST CHAIR 5.00	0.	0.	0.
ROBERT D. BOHAN 1515 S OSPREY AVE STE B4 SARASOTA, FL 34239	EXECUTIVE COMMITTEE MEMBER 5.00	0.	0.	0.
DAVID S. BAND, ESQ 1515 S OSPREY AVE STE B4 SARASOTA, FL 34239	TRUSTEE 5.00	0.	0.	0.
MARGARET L. CALLIHAN 1515 S OSPREY AVE STE B4 SARASOTA, FL 34239	TRUSTEE 5.00	0.	0.	0.
LAWRENCE P. ENGLISH 1515 S OSPREY AVE STE B4 SARASOTA, FL 34239	TRUSTEE 5.00	0.	0.	0.
G. DUNCAN FINLAY, M.D. 1515 S OSPREY AVE STE B4 SARASOTA, FL 34239	TRUSTEE 5.00	0.	0.	0.

## SARASOTA MEMORIAL HEALTHCARE FOUNDATION,

51-0188568

SALLY GAMBLING	TRUSTEE			
1515 S OSPREY AVE STE B4	5.00	0.	0.	0.
SARASOTA, FL 34239				
ROBERT W. GEYER	TRUSTEE			
1515 S OSPREY AVE STE B4	5.00	0.	0.	0.
SARASOTA, FL 34239				
CAROLYN ANN HOLDER	TRUSTEE			
1515 S OSPREY AVE STE B4	5.00	0.	0.	0.
SARASOTA, FL 34239				
HOWARD ISERMANN	TRUSTEE			
1515 S OSPREY AVE STE B4	5.00	0.	0.	0.
SARASOTA, FL 34239				
KATHERINE M. KEELEY, M.D.	TRUSTEE			
1515 S OSPREY AVE STE B4	5.00	0.	0.	0.
SARASOTA, FL 34239				
ROBERT E. KIEBITZ	TRUSTEE			
1515 S OSPREY AVE STE B4	5.00	0.	0.	0.
SARASOTA, FL 34239				
GLENN F. KIPLINGER, M.D., PH.D.	TRUSTEE			
1515 S OSPREY AVE STE B4	5.00	0.	0.	0.
SARASOTA, FL 34239				
CHARLES KNOWLES	TRUSTEE			
1515 S OSPREY AVE STE B4	5.00	0.	0.	0.
SARASOTA, FL 34239				
DONALD H. ROWE	TRUSTEE			
1515 S OSPREY AVE STE B4	5.00	0.	0.	0.
SARASOTA, FL 34239				
JOHN E. SANDEFUR	TRUSTEE			
1515 S OSPREY AVE STE B4	5.00	0.	0.	0.
SARASOTA, FL 34239				
THOMAS H. TOWLER	TRUSTEE			
1515 S OSPREY AVE STE B4	5.00	0.	0.	0.
SARASOTA, FL 34239				
PRISCILLA R. MITCHELL	SENIOR VICE PRESIDENT & CF			
1515 S OSPREY AVE STE B4	50.00	143,954.	12,877.	0.
SARASOTA, FL 34239				

TOTALS INCLUDED ON FORM 990, PART V-A

346,931.

24,481.

9,719.



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SCHEDULE A      EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS      STATEMENT      16  
PART III, LINE 3A

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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 501(C)(3) BY EXAMINING THE ORGANIZATION'S LETTER AND THAT THE USE OF GRANT IS FOR CHARITABLE PURPOSES 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).

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SCHEDULE A      OTHER INCOME      STATEMENT      17

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DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
OTHER INCOME	5,371.	3,974.	60,447.	6,840.
TOTAL TO SCHEDULE A, LINE 22	5,371.	3,974.	60,447.	6,840.