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Form **990-EZ****Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2008**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

| | | | | | | | | | | | |
|--|---|---|--|--|--|--|--|--|--|--|---------------------------------|
| A For the 2008 calendar year, or tax year beginning 9/01/08 , and ending 8/31/09 | | | | | | | | | | | |
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | <table border="1"> <tr> <td rowspan="3">Please use IRS label or print or type. See Specific Instructions.</td> <td colspan="2">C Name of organization MANATEE MEMORIAL HOSPITAL FOUNDATION, INC.</td> <td>D Employer identification number 65-0392921</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 206 2ND STREET EAST</td> <td>E Telephone number 941-745-7306</td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4 BRADENTON FL 34208</td> <td>F Group Exemption Number</td> </tr> </table> | Please use IRS label or print or type. See Specific Instructions. | C Name of organization MANATEE MEMORIAL HOSPITAL FOUNDATION, INC. | | D Employer identification number 65-0392921 | Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 206 2ND STREET EAST | | E Telephone number 941-745-7306 | City or town, state or country, and ZIP + 4 BRADENTON FL 34208 | | F Group Exemption Number |
| Please use IRS label or print or type. See Specific Instructions. | C Name of organization MANATEE MEMORIAL HOSPITAL FOUNDATION, INC. | | D Employer identification number 65-0392921 | | | | | | | | |
| | Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 206 2ND STREET EAST | | E Telephone number 941-745-7306 | | | | | | | | |
| | City or town, state or country, and ZIP + 4 BRADENTON FL 34208 | | F Group Exemption Number | | | | | | | | |

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

G Accounting method ☐ Cash ☒ Accrual
Other (specify) ▶

I Website: ▶ **N/A**

J Organization type (check only one) — ☒ 501(c) (**3**) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 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.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **913,677**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

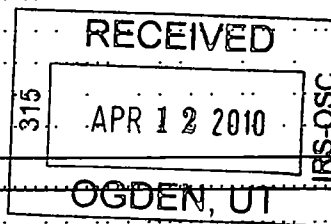
| | | | |
|--|--|----------------|------------------|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received | 1 | 393,625 |
| | 2 Program service revenue including government fees and contracts | 2 | 48,288 |
| | 3 Membership dues and assessments | 3 | |
| | 4 Investment income | 4 | 6,027 |
| | 5a Gross amount from sale of assets other than inventory | 5a | |
| | b Less: cost or other basis and sales expenses | 5b | |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch) | 5c | |
| | 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> | | |
| | a Gross revenue (not including \$ _____ of contributions reported on line 1) | 6a | 35,504 |
| | b Less: direct expenses other than fundraising expenses | 6b | 17,377 |
| c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c | 18,127 | |
| 7a Gross sales of inventory, less returns and allowances | 7a | 430,233 | |
| b Less: cost of goods sold | 7b | 380,365 | |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | 49,868 | |
| 8 Other revenue (describe ▶) | 8 | | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | 9 | 515,935 | |
| Expenses | 10 Grants and similar amounts paid (attach schedule) | 10 | 459,420 |
| | 11 Benefits paid to or for members | 11 | |
| | 12 Salaries, other compensation, and employee benefits | 12 | 85,736 |
| | 13 Professional fees and other payments to independent contractors | 13 | 11,241 |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | 66,551 |
| | 15 Printing, publications, postage, and shipping | 15 | 3,718 |
| | 16 Other expenses (describe ▶ SEE STATEMENT 2) | 16 | 161,489 |
| | 17 Total expenses. Add lines 10 through 16 | 17 | 788,155 |
| Net Assets | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | -272,220 |
| | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 1,132,495 |
| | 20 Other changes in net assets or fund balances (attach explanation) | 20 | |
| | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 860,275 |

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

| | (A) Beginning of year | (B) End of year |
|---|-----------------------|-----------------|
| 22 Cash, savings, and investments | 483,813 | 206,340 |
| 23 Land and buildings | 638,551 | 625,996 |
| 24 Other assets (describe ▶ SEE STATEMENT 3) | 11,716 | 30,356 |
| 25 Total assets | 1,134,080 | 862,692 |
| 26 Total liabilities (describe ▶ SEE STATEMENT 4) | 1,585 | 2,417 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 1,132,495 | 860,275 |

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form **990-EZ** (2008)

Form 990-EZ (2008)

MANATEE MEMORIAL HOSPITAL**65-0392921**

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

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose?

SEE STATEMENT 5

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 **SEE STATEMENT 6**(Grants \$ **459,420**) If this amount includes foreign grants, check here ☐

28a

459,42029 **CONTINUING EFFORTS TO OBTAIN DONATIONS FOR RESALE IN THE THRIFT SHOP THROUGH VOLUNTEER SERVICES.**(Grants \$) If this amount includes foreign grants, check here ☐

29a

170,29230 **EDUCATE THE PUBLIC AND PROVIDE CONFERENCES ON VARIOUS HEALTH TOPICS.**(Grants \$) If this amount includes foreign grants, check here ☐

30a

69,13131 Other program services (attach schedule) **SEE STATEMENT 7**(Grants \$) If this amount includes foreign grants, check here ☐

31a

30,90232 **Total program service expenses (add lines 28a through 31a)**

32

729,745**Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)**

| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|----------------------|--|---|---|--|
| VERNON DESEAR | EXECUTIVE DI | 0 | 0 | 0 |
| CAROLYN KELLER | DIR/CHAIRMAN | 0 | 0 | 0 |
| BARBARA LACHAPELLE | DIRECTOR | 0 | 0 | 0 |
| RAYMOND TRUITT | DIRECTOR | 0 | 0 | 0 |
| MARY HUNTER | DIR/TREASURR | 0 | 0 | 0 |
| DR DON SMITH | DIRECTOR | 0 | 0 | 0 |
| NANCY STOLLE | DIRECTOR | 0 | 0 | 0 |
| RICHARD GROSS | DIRECTOR | 0 | 0 | 0 |
| MARK GOODSON | DIR/VICECHAI | 0 | 0 | 0 |
| RUSS KITCHING | DIRECTOR | 0 | 0 | 0 |
| CORALIE VINER | DIRECTOR | 0 | 0 | 0 |
| JOHN RYNERSON | DIRECTOR | 0 | 0 | 0 |
| MARY JO MURRAY | DIRECTOR | 0 | 0 | 0 |
| CAROLYN RICHARDSON | SECRETARY | 0 | 0 | 0 |
| | | 0 | 0 | 0 |
| | | | | |
| | | | | |
| | | | | |

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MANATEE MEMORIAL HOSPITAL

65-0392921

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Part V Other Information (Note the statement requirements in the instructions for Part VI.)

| | Yes | No |
|---|---------------------|----------|
| 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity SEE STMT 8 | 33 X | |
| 34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes | 34 | X |
| 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T | | |
| a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? | 35a X | |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | 35b X | |
| 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N | 36 | X |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instr 37a | | |
| b Did the organization file Form 1120-POL for this year? | 37b | X |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? | 38a | X |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b | | |
| 39 Section 501(c)(7) organizations. Enter: | | |
| a Initiation fees and capital contributions included on line 9 39a | | |
| b Gross receipts, included on line 9, for public use of club facilities 39b | | |
| 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 40a , section 4912 40a ; section 4955 40a | | |
| b Section 501(c)(3) and (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," complete Schedule L, Part I 40b | | X |
| c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c | | |
| d Enter amount of tax on line 40c reimbursed by the organization 40d | | |
| e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e | | X |
| 41 List the states with which a copy of this return is filed. 41 NONE | | |
| 42a The books are in care of 42a VERNON DESEAR Telephone no. 42a 941-745-7204 206 SECOND STREET EAST Located at 42a BRADENTON, FL ZIP + 4 42a 34208 | | |
| 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)? 42b | | X |
| If "Yes," enter the name of the foreign country: 42b | | |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c | | X |
| If "Yes," enter the name of the foreign country: 42c | | |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year 43 | | |
| 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 | | X |
| 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 | | X |

Form 990-EZ (2008)

Form 990-EZ (2008)

MANATEE MEMORIAL HOSPITAL**65-0392921**Page **4****Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

| | Yes | No |
|--|-----|----------|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | | X |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | | X |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | | X |
| b If "Yes," was the related organization(s) a section 527 organization? | | |

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$100,000 | | | | |

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of other independent contractors each receiving over \$100,000 | | |

Sign Here

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.

Vernon DeSean
Signature of officer

4/5/10
Date

VERNON DESEAR
Type or print name and title

EXECUTIVE DIRECTOR

Paid Preparer's Use Only

Preparer's signature *C Ray Buntz CPA*
Firm's name (or yours if self-employed), address, and ZIP + 4
CPA CONSULTANTS PA
1605 MAIN ST. STE. 1115
SARASOTA, FL 34236

Date
3/12/10

Check if self-employed ☐

Preparer's Identifying Number (See instr)
P00272114

EIN **65-1011784**
Phone no **941-957-1040**

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Form **990-EZ** (2008)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 590,547 | 360,560 | 365,143 | 385,567 | 359,762 | 2,061,579 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1-3 | 590,547 | 360,560 | 365,143 | 385,567 | 359,762 | 2,061,579 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 2,061,579 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | 590,547 | 360,560 | 365,143 | 385,567 | 359,762 | 2,061,579 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 3,870 | 11,734 | 16,209 | 13,099 | 6,027 | 50,939 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 2,112,518 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 1,917,411 |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|----|-----------|
| 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) | 14 | 97.5887 % |
| 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f | 15 | 97.4948 % |
| 16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/> | | |
| b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► <input type="checkbox"/> | | |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total: Add lines 1-5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h | 18 | % |
| 19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions <input type="checkbox"/> | | |

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events | |
|-----------------|---|---|----------------------------|------------------|-------------------------------|--------|
| | | JEWELRY SALE | BOOKS & NEWSPAP | 2 | (Add col (a) through col (c)) | |
| | | (event type) | (event type) | (total number) | | |
| Revenue | 1 | Gross receipts | 11,600 | 9,338 | 13,901 | 34,839 |
| | 2 | Less: Charitable contributions | | | | |
| | 3 | Gross revenue (line 1 minus line 2) | 11,600 | 9,338 | 13,901 | 34,839 |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Non-cash prizes | | | | |
| | 6 | Rent/facility costs | | | | |
| | 7 | Other direct expenses | 4,675 | 5,741 | 6,961 | 17,377 |
| | 8 | Direct expense summary. Add lines 4 through 7 in column (d) | | | | 17,377 |
| | 9 | Net income summary. Combine lines 3 and 8 in column (d) | | | | 17,462 |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (Add col (a) through col (c)) |
|-----------------|---|--|--|--|--|
| | | | | | |
| Revenue | 1 | Gross revenue | | | |
| Direct Expenses | 2 | Cash prizes | | | |
| | 3 | Non-cash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| | 6 | Volunteer labor | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | |
| | 8 | Net gaming income summary. Combine lines 1 and 7 in column (d) | | | |

| | Yes | No |
|--|-----|----|
| 9 Enter the state(s) in which the organization operates gaming activities: | | |
| a Is the organization licensed to operate gaming activities in each of these states? | | X |
| b If "No," Explain: | | |
| 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? | | X |
| b If "Yes," Explain: | | |
| 11 Does the organization operate gaming activities with nonmembers? | | X |
| 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | | X |

13 Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:Name ▶ **VERNON DESEAR****206 SECOND STREET EAST**Address ▶ **BRADENTON****FL 34208****15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****X****b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$**c** If "Yes," enter name and address:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****X****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Form **4562**
Department of the Treasury
Internal Revenue Service**Depreciation and Amortization**
(Including Information on Listed Property)

OMB No 1545-0172

2008Attachment
Sequence No **67**

(99)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **MANATEE MEMORIAL HOSPITAL
FOUNDATION, INC.**Identifying number
65-0392921

Business or activity to which this form relates

INDIRECT DEPRECIATION**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

| | | | |
|---|---|---|----------------|
| 1 | Maximum amount. See the instructions for a higher limit for certain businesses | 1 | 250,000 |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 800,000 |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |

| (a) Description of property | (b) Cost (business use only) | (c) Elected cost | |
|-----------------------------|--|------------------|--|
| 6 | | | |
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2007 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 | 13 | |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

| | | | |
|----|---|----|--------------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 3,198 |

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

| | | | |
|----|---|----|------------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2008 | 17 | 270 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | | |

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs. | | S/L | |
| h Residential rental property | | | 27.5 yrs. | MM | S/L | |
| | | | 27.5 yrs. | MM | S/L | |
| i Nonresidential real property | | | 39 yrs. | MM | S/L | |
| | | | | MM | S/L | |

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|----------------|--|--|---------|----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs. | | S/L | |
| c 40-year | | | 40 yrs. | MM | S/L | |

Part IV Summary (See instructions.)

| | | | |
|----|--|----|--------------|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr. | 22 | 3,468 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2008)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

Form **4562**
Department of the Treasury
Internal Revenue Service**Depreciation and Amortization**
(Including Information on Listed Property)

OMB No 1545-0172

2008Attachment
Sequence No **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **MANATEE MEMORIAL HOSPITAL
FOUNDATION, INC.**Identifying number
65-0392921

Business or activity to which this form relates

THRIFT SHOP SALES**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

| | | | |
|---|---|---|----------------|
| 1 | Maximum amount. See the instructions for a higher limit for certain businesses | 1 | 250,000 |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 800,000 |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |

| (a) Description of property | (b) Cost (business use only) | (c) Elected cost | |
|-----------------------------|--|------------------|--|
| 6 | | | |
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2007 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 | 13 | |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

| | | | |
|----|---|----|---------------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 17,031 |

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

| | | | |
|----|---|----|------------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2008 | 17 | 132 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | | |

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs. | | S/L | |
| h Residential rental property | | | 27.5 yrs. | MM | S/L | |
| | | | 27.5 yrs. | MM | S/L | |
| i Nonresidential real property | | | 39 yrs. | MM | S/L | |
| | | | | MM | S/L | |

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|----------------|--|--|---------|----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs. | | S/L | |
| c 40-year | | | 40 yrs. | MM | S/L | |

Part IV Summary (See instructions.)

| | | | |
|----|--|----|---------------|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr. | 22 | 17,163 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2008)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

Federal Statements

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Page 1

65-0392921

FYE: 8/31/2009

Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

| Name and Address | Description of Property | Relationship to Organization | | Class of Activity | | Date of Gift | |
|--------------------------|-------------------------|------------------------------|----------------------|-------------------|------------------------|-----------------|------------|
| | | Cash Contribution | Noncash Contribution | Book Value | Book Value Explanation | FMV Explanation | Purpose |
| OUR DAILY BREAD | | 6,000 | | | | | CHARITABLE |
| 1426 14TH STREET WEST | | | | | | | |
| BRADENTON, FL 34205 | | | | | | | |
| WEST MANATEE FIRE RESCUE | | | | | | | CHARITABLE |
| 6001 MARINA DRIVE | | 9,000 | | | | | |
| HOLMES BEACH, FL 34217 | | | | | | | |
| HEART GALLERY | | 10,000 | | | | | CHARITABLE |
| 8244 COUNTRY OAKS COURT | | | | | | | |
| SARASOTA, FL 34243 | | | | | | | |
| MEALS ON WHEELS PLUS | | 10,000 | | | | | CHARITABLE |
| 811 23RD AVENUE EAST | | | | | | | |
| BRADENTON, FL 34208 | | | | | | | |
| V FOUNDATION | | 15,000 | | | | | CHARITABLE |
| 7810 MATHERN COURT | | | | | | | |
| BRADENTON, FL 34202 | | | | | | | |

Federal Statements

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Page 2

65-0392921

FYE: 8/31/2009

Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid (continued)

| Name and Address | Description of Property | Cash Contribution | Relationship to Organization | Class of Activity | | Date of Gift | Purpose |
|--|-------------------------|-------------------|------------------------------|----------------------|------------|------------------------|------------|
| | | | | Noncash Contribution | Book Value | Book Value Explanation | |
| WE CARE MANATEE 4808 26TH STREET WEST BRADENTON, FL 34207 | | 15,000 | | | | | CHARITABLE |
| | | | | | | | |
| | | | | | | | |
| FLORIDA STATE UNIVERSITY FOUNDATION 2010 LEVY AVENUE TALLAHASSEE, FL 32306 | | 30,000 | | | | | CHARITABLE |
| | | | | | | | |
| | | | | | | | |
| MEALS ON WHEELS SENIOR CENTER 811 23RD AVENUE EAST BRADENTON, FL 34208 | | 30,000 | | | | | CHARITABLE |
| | | | | | | | |
| | | | | | | | |
| THE WELLNESS COMMUNITIES 3900 CLARK ROAD BLDG P-3 SARASOTA, FL 34233 | | 35,000 | | | | | CHARITABLE |
| | | | | | | | |
| | | | | | | | |
| UNITED WAY 1701 14TH STREET WEST BRADENTON, FL 34205 | | 40,000 | | | | | CHARITABLE |
| | | | | | | | |
| | | | | | | | |

Federal Statements

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Page 3

65-0392921

FYE: 8/31/2009

Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid (continued)

| Name and Address Description of Property | Cash Contribution | Relationship to Organization | Class of Activity | | Date of Gift | Purpose |
|--|-------------------|------------------------------|----------------------|------------|------------------------|-----------------|
| | | | Noncash Contribution | Book Value | Book Value Explanation | FMV Explanation |
| USF FOUNDATION 5700 N TAMiami TRAIL SARASOTA, FL 34243 | 50,000 | | | | CHARITABLE | |
| WELLNESS COMMUNITY BLDG FUND 3900 CLARK ROAD BLDG P-3 SARASOTA, FL 34233 | 50,000 | | | | CHARITABLE | |
| MANATEE COMMUNITY COLLEGE 5840 26TH STREET WEST BRADENTON, FL 34207 | 100,000 | | | | CHARITABLE | |
| TOTAL | 400,000 | | | | | |

Federal Statements

FYE: 8/31/2009

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

| <u>Description</u> | <u>Amount</u> |
|---------------------------|-------------------|
| THRIFT SHOP SALES | \$ 5,264 |
| VOLUNTEER LUNCHES | 22,449 |
| CONTRACT LABOR | 3,261 |
| BANK & CREDIT CARD FEES | 5,033 |
| SALES TAX | 21,807 |
| PROPERTY TAX | 1,249 |
| GIFT SHOP SALES | |
| SUPPLIES | 1,618 |
| TRAVEL | 1,719 |
| CONFERENCES/MEETINGS | 53 |
| BANK & CREDIT CARD FEES | 487 |
| CONTRACT LABOR | 1,496 |
| CASH OVER/SHORT | 108 |
| | 3,941 |
| SPEAKING OF WOMENS HEALTH | |
| COST OF GOODS SOLD | 69,131 |
| EXPENSES | |
| CONFERENCES & MEETINGS | 8,391 |
| | 475 |
| DUES AND SUBSCRIPTIONS | 376 |
| NEWSPAPERS GIVEN TO PATIE | 8,690 |
| AUTO EXPENSE | 404 |
| VOLUNTEER EXPENSES | 2,364 |
| LICENSES AND FEES | 95 |
| TAXES | 122 |
| BANK & FINANCE CHARGES | 348 |
| PILLOWS, ICE BAGS, ETC | 2,608 |
| TOTAL | \$ <u>161,489</u> |

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

| <u>Description</u> | <u>Beginning of Year</u> | <u>End of Year</u> |
|-----------------------------|------------------------------|------------------------|
| ACCOUNTS RECEIVABLE | \$ 9,811 | \$ 1,490 |
| INVENTORIES FOR SALE OR USE | | 26,961 |
| SECURITY DEPOSITS | 1,905 | 1,905 |
| | <u>11,716</u> | <u>30,356</u> |

Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

| Description | Beginning of Year | End of Year |
|-------------------|----------------------|----------------|
| SALES TAX PAYABLE | \$ 1,585 | \$ 2,417 |
| | <u>1,585</u> | <u>2,417</u> |

Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose**Description**

THE MISSION OF THE MANATEE MEMORIAL HOSPITAL FOUNDATION IS TO OFFER SUPPORT TO INDIVIDUALS DIRECTLY OR INDIRECTLY THAT HAVE HEALTH-RELATED SITUATIONS, SUPPORT OTHER NOT-FOR-PROFIT AGENCIES IN REACHING THEIR FULLEST POTENTIAL, AND ASSIST INDIVIDUALS TO OBTAIN THEIR EDUCATIONAL TRAINING.

Statement 6 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments**Description**

GRANTS & FUNDING TO COMMUNITY ORGANIZATIONS FOR HEALTH RELATED PROGRAMS & STUDENT SCHOLARSHIPS TO HELP ESTABLISH & MAINTAIN A STEADY FLOW OF SKILLED MEDICAL PERSONNEL IN MANATEE COUNTY.

Statement 7 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments**Description**

CONTINUED EFFORTS TO IMPROVE HOSPITAL PATIENTS' STAYS WITH HOLIDAY DECORATIONS, GIFTS, READING MATERIALS, ETC.

Statement 8 - Form 990-EZ, Part V, Line 33 - Activity not Previously Reported to IRS**Description**

HOSPITAL GIFT SHOP RETAIL SALES IS A NEW ACTIVITY DURING FISCAL YEAR ENDING 8/31/2009. THIS ACTIVITY IS A FUNDRAISING ACTIVITY AND IS A GIFT SHOP FOR HOSPITAL VISITORS THAT HELPS TO IMPROVE PATIENTS' TIME SPENT AT THE HOSPITAL.

THE FOUNDATION ALSO SPONSORED A WOMEN'S HEALTH FORUM FOR THE FIRST TIME DURING FISCAL YEAR ENDING 8/31/2009. THIS FORUM IS AN ANNUAL COMMUNITY EVENT TO EDUCATE THE PUBLIC ON CURRENT HEALTH CARE ISSUES FOR WOMEN.

Statement 1 - Form 990-T, Part II, Line 28 - Other Deductions

| <u>Description</u> | <u>Amount</u> |
|-------------------------|-----------------|
| OCCUPANCY | \$ 3,550 |
| TRAVEL | 1,719 |
| BANK & CREDIT CARD FEES | 487 |
| CONTRACT LABOR | 1,496 |
| CASH OVER/SHORT | 108 |
| SUPPLIES | 1,618 |
| CONFERENCES/MEETINGS | 53 |
| TOTAL | <u>\$ 9,031</u> |

Federal Asset Report

FYE: 8/31/2009

Form 990, Page 1

| Asset | Description | Date In Service | Cost | Bus % | Sec 179 Bonus | Basis for Depr | PerConv Meth | Prior | Current |
|----------------------------|--|--------------------|---------------|----------|------------------|-------------------|--------------|--------------|--------------|
| Prior MACRS: | | | | | | | | | |
| 29 | Dell Computer (aux-office) | 10/06/05 | 2,343 | | | 2,343 | 5 HY 200DB | 1,668 | 270 |
| | | | <u>2,343</u> | | | <u>2,343</u> | | <u>1,668</u> | <u>270</u> |
| Other Depreciation: | | | | | | | | | |
| 22 | Dell Computer (office) | 4/24/04 | 1,055 | | | 1,055 | 5 MO S/L | 915 | 140 |
| 23 | Dell Computer (office) | 6/03/04 | 961 | | | 961 | 5 MO S/L | 817 | 144 |
| 24 | Red ridge Software | 1/13/04 | 2,254 | | | 2,254 | 3 MO S/L | 2,254 | 0 |
| 32 | Dell Computer (treasurer's office) | 11/07/06 | 605 | | | 605 | 7 MO S/L | 158 | 87 |
| 40 | Golf Cart | 9/05/07 | 9,315 | | | 9,315 | 10 MO S/L | 932 | 931 |
| 41 | Portable Radios | 10/15/07 | 663 | | | 663 | 5 MO S/L | 122 | 132 |
| 42 | Phlebotomy Chair | 11/27/07 | 790 | | | 790 | 10 MO S/L | 59 | 79 |
| 43 | Reception Desk - Pediatrics | 11/27/07 | 3,000 | | | 3,000 | 10 MO S/L | 225 | 300 |
| 44 | Printer | 12/14/07 | 67 | | | 67 | 5 MO S/L | 10 | 13 |
| 45 | Star | 12/20/07 | 4,250 | | | 4,250 | 10 MO S/L | 283 | 425 |
| 46 | Camera for ER | 6/03/08 | 7,911 | | | 7,911 | 10 MO S/L | 198 | 791 |
| 47 | Camera FNDN | 7/15/08 | 251 | | | 251 | 10 MO S/L | 4 | 25 |
| 48 | Computer - FNDN | 8/19/08 | 1,314 | | | 1,314 | 10 MO S/L | 0 | 131 |
| | Total Other Depreciation | | <u>32,436</u> | | | <u>32,436</u> | | <u>5,977</u> | <u>3,198</u> |
| | Total ACRS and Other Depreciation | | <u>32,436</u> | | | <u>32,436</u> | | <u>5,977</u> | <u>3,198</u> |
| | Grand Totals | | 34,779 | | | 34,779 | | 7,645 | 3,468 |
| | Less: Dispositions | | 0 | | | 0 | | 0 | 0 |
| | Less: Start-up/Org Expense | | 0 | | | 0 | | 0 | 0 |
| | Net Grand Totals | | <u>34,779</u> | | | <u>34,779</u> | | <u>7,645</u> | <u>3,468</u> |

Federal Asset Report

FYE: 8/31/2009

THRIFT SHOP SALES

| Asset | Description | Date In Service | Cost | Bus % | Sec 179B | Bonus | Basis for Depr | PerConv Meth | Prior | Current |
|----------------------------|--|--------------------|----------------|----------|-------------|-------|-------------------|--------------|----------------|---------------|
| Prior MACRS: | | | | | | | | | | |
| 20 | Carpet | 2/28/03 | 566 | | X | X | 0 | 7 HY S/L | 566 | 0 |
| 30 | Cash Register | 3/11/06 | 669 | | | | 669 | 7 HY 200DB | 376 | 84 |
| 31 | Vacuum Cleaner | 5/06/06 | 420 | | | | 420 | 5 HY 200DB | 299 | 48 |
| | | | <u>1,655</u> | | | | <u>1,089</u> | | <u>1,241</u> | <u>132</u> |
| Other Depreciation: | | | | | | | | | | |
| 1 | Racks, Gondola, Cabinets | 1/01/92 | 27,017 | | | | 27,017 | 7 MO S/L | 27,017 | 0 |
| 2 | Equipment | 4/21/93 | 470 | | | | 470 | 7 MO S/L | 470 | 0 |
| 3 | Racks, Gondolas, Cabinets | 6/09/93 | 7,000 | | | | 7,000 | 7 MO S/L | 7,000 | 0 |
| 4 | Store Equipment | 7/07/93 | 1,045 | | | | 1,045 | 7 MO S/L | 1,045 | 0 |
| 5 | Dryer | 3/26/97 | 1,189 | | | | 1,189 | 7 MO S/L | 1,189 | 0 |
| 6 | Sign | 5/13/95 | 1,073 | | | | 1,073 | 7 MO S/L | 1,073 | 0 |
| 7 | Sign | 4/29/97 | 2,150 | | | | 2,150 | 7 MO S/L | 2,150 | 0 |
| 8 | Signs | 7/07/97 | 3,220 | | | | 3,220 | 7 MO S/L | 3,220 | 0 |
| 9 | Tools | 8/10/98 | 294 | | | | 294 | 7 MO S/L | 294 | 0 |
| 10 | Building | 10/30/96 | 485,470 | | | | 485,470 | 40 MO S/L | 143,618 | 12,137 |
| 11 | Remodeling | 4/04/97 | 23,376 | | | | 23,376 | 40 MO S/L | 6,623 | 585 |
| 12 | Roofing | 6/23/97 | 1,250 | | | | 1,250 | 40 MO S/L | 351 | 32 |
| 13 | Land | 10/30/96 | 131,414 | | | | 131,414 | 5 -- Land | 0 | 0 |
| 14 | New Roof | 6/04/99 | 26,050 | | | | 26,050 | 40 MO S/L | 6,024 | 652 |
| 15 | Dishwasher | 8/23/99 | 470 | | | | 470 | 7 MO S/L | 470 | 0 |
| 16 | Addition & Remodeling | 3/23/01 | 76,506 | | | | 76,506 | 40 MO S/L | 14,186 | 1,912 |
| 17 | Washing Machine | 4/27/01 | 1,140 | | | | 1,140 | 7 MO S/L | 1,140 | 0 |
| 18 | Fence | 9/11/01 | 344 | | | | 0 | 10 MO S/L | 344 | 0 |
| 19 | Fence | 8/23/02 | 530 | | | | 0 | 10 MO S/L | 530 | 0 |
| 21 | 2 Utility Carts | 12/12/03 | 330 | | | | 330 | 7 MO S/L | 224 | 47 |
| 25 | Office Desk & Chairs | 10/13/04 | 1,752 | | | | 1,752 | 7 MO S/L | 980 | 251 |
| 26 | Clothing racks | 1/19/05 | 523 | | | | 523 | 7 MO S/L | 262 | 74 |
| 27 | Computer & Accessories | 4/06/05 | 860 | | | | 860 | 5 MO S/L | 588 | 172 |
| 28 | Office Chairs | 7/26/05 | 300 | | | | 300 | 7 MO S/L | 132 | 43 |
| 33 | Cash Register | 2/21/07 | 629 | | | | 629 | 7 MO S/L | 134 | 90 |
| 34 | Awning - West Door | 3/01/07 | 785 | | | | 785 | 10 MO S/L | 118 | 78 |
| 35 | Aluminum Canopy | 2/21/07 | 11,600 | | | | 11,600 | 40 MO S/L | 435 | 290 |
| 36 | Awning Area | 5/09/07 | 792 | | | | 792 | 10 MO S/L | 105 | 79 |
| 37 | New Light Fixtures | 9/05/07 | 6,879 | | | | 6,879 | 40 MO S/L | 172 | 172 |
| 38 | Air Conditioning Unit | 11/12/07 | 10,150 | | | | 10,150 | 40 MO S/L | 211 | 254 |
| 39 | Leasehold Improvements | 8/30/08 | 6,500 | | | | 6,500 | 40 MO S/L | 0 | 163 |
| | Total Other Depreciation | | <u>831,108</u> | | | | <u>830,234</u> | | <u>220,105</u> | <u>17,031</u> |
| | Total ACRS and Other Depreciation | | <u>831,108</u> | | | | <u>830,234</u> | | <u>220,105</u> | <u>17,031</u> |
| | Grand Totals | | 832,763 | | | | 831,323 | | 221,346 | 17,163 |
| | Less: Dispositions | | 0 | | | | 0 | | 0 | 0 |
| | Less: Start-up/Org Expense | | 0 | | | | 0 | | 0 | 0 |
| | Net Grand Totals | | <u>832,763</u> | | | | <u>831,323</u> | | <u>221,346</u> | <u>17,163</u> |

Federal Asset Report

FYE: 8/31/2009

GIFT SHOP SALES

| Asset | Description | Date In Service | Cost | Bus % | Sec 179 | Bonus | Basis for Depr | PerConv Meth | Prior | Current |
|-----------------------------------|-----------------------------------|--------------------|---------------|----------|------------|-------|-------------------|--------------|----------|---------------|
| 5-year GDS Property: | | | | | | | | | | |
| 50 | POS Retail System | 5/15/09 | 14,080 | | | X | 7,040 | 5 HY 200DB | 0 | 8,448 |
| | | | <u>14,080</u> | | | | <u>7,040</u> | | <u>0</u> | <u>8,448</u> |
| 7-year GDS Property: | | | | | | | | | | |
| 49 | 3 Black Abstracta Displays | 5/15/09 | 2,163 | | | X | 1,082 | 7 HY 200DB | 0 | 1,236 |
| 51 | Slatwall Shelving Pegs Etc | 5/15/09 | 875 | | | X | 437 | 7 HY 200DB | 0 | 500 |
| 52 | Floor MDF Dark Wood | 5/15/09 | 580 | | | X | 290 | 7 HY 200DB | 0 | 331 |
| 53 | Mug Display - White | 5/15/09 | 390 | | | X | 195 | 7 HY 200DB | 0 | 223 |
| 54 | Images Misc Display/Wood Wire etc | 5/15/09 | 400 | | | X | 200 | 7 HY 200DB | 0 | 229 |
| 55 | Black Lighted Display Cabinet | 5/15/09 | 626 | | | X | 313 | 7 HY 200DB | 0 | 358 |
| 56 | Misc Small Display Purchases | 5/15/09 | 670 | | | X | 335 | 7 HY 200DB | 0 | 383 |
| | | | <u>5,704</u> | | | | <u>2,852</u> | | <u>0</u> | <u>3,260</u> |
| Grand Totals | | | 19,784 | | | | 9,892 | | 0 | 11,708 |
| Less: Dispositions | | | 0 | | | | 0 | | 0 | 0 |
| Less: Start-up/Org Expense | | | 0 | | | | 0 | | 0 | 0 |
| Net Grand Totals | | | <u>19,784</u> | | | | <u>9,892</u> | | <u>0</u> | <u>11,708</u> |

AMT Asset Report

FYE: 8/31/2009

Form 990, Page 1

| Asset | Description | Date In Service | Cost | Bus % | Sec 179 | Bonus | Basis for Depr | PerConv Meth | Prior | Current |
|---------------------------|------------------------------------|--------------------|---------------|----------|------------|-------|-------------------|--------------|---------------|--------------|
| Prior MACRS: | | | | | | | | | | |
| 22 | Dell Computer (office) | 4/24/04 | 1,055 | | | X | 527 | 5 HY 200DB | 938 | 117 |
| 23 | Dell Computer (office) | 6/03/04 | 961 | | | X | 480 | 5 HY 200DB | 849 | 112 |
| 24 | Red ridge Software | 1/13/04 | 2,254 | | | X | 1,127 | 3 HY 200DB | 2,254 | 0 |
| 29 | Dell Computer (aux-office) | 10/06/05 | 2,343 | | | | 2,343 | 5 HY 200DB | 1,668 | 270 |
| 32 | Dell Computer (treasurer's office) | 11/07/06 | 605 | | | | 605 | 7 HY 200DB | 224 | 109 |
| 40 | Golf Cart | 9/05/07 | 9,315 | | | | 9,315 | 10 HY 200DB | 932 | 1,676 |
| 41 | Portable Radios | 10/15/07 | 663 | | | | 663 | 5 HY 200DB | 133 | 212 |
| 42 | Phlebotomy Chair | 11/27/07 | 790 | | | | 790 | 10 HY 200DB | 79 | 142 |
| 43 | Reception Desk - Pediatrics | 11/27/07 | 3,000 | | | | 3,000 | 10 HY 200DB | 300 | 540 |
| 44 | Printer | 12/14/07 | 67 | | | | 67 | 5 HY 200DB | 13 | 22 |
| 45 | Star | 12/20/07 | 4,250 | | | | 4,250 | 10 HY 200DB | 425 | 765 |
| 46 | Camera for ER | 6/03/08 | 7,911 | | | X | 3,955 | 10 HY 200DB | 4,351 | 712 |
| 47 | Camera FNDN | 7/15/08 | 251 | | | X | 125 | 10 HY 200DB | 138 | 23 |
| 48 | Computer - FNDN | 8/19/08 | 1,314 | | | X | 657 | 10 HY 200DB | 723 | 118 |
| | | | <u>34,779</u> | | | | <u>27,904</u> | | <u>13,027</u> | <u>4,818</u> |
| Grand Totals | | | 34,779 | | | | 27,904 | | 13,027 | 4,818 |
| Less: Dispositions | | | <u>0</u> | | | | <u>0</u> | | <u>0</u> | <u>0</u> |
| Net Grand Totals | | | <u>34,779</u> | | | | <u>27,904</u> | | <u>13,027</u> | <u>4,818</u> |

AMT Asset Report

FYE: 8/31/2009

THRIFT SHOP SALES

| Asset | Description | Date In Service | Cost | Bus % | Sec 179Bonus | Basis for Depr | PerConv Meth | Prior | Current |
|----------------------------|--|--------------------|----------------|----------|-----------------|-------------------|--------------|----------------|---------------|
| Prior MACRS: | | | | | | | | | |
| 1 | Racks, Gondola, Cabinets | 1/01/92 | 27,017 | | | 27,017 | 7 HY 200DB | 27,017 | 0 |
| 2 | Equipment | 4/21/93 | 470 | | | 470 | 7 HY 200DB | 470 | 0 |
| 3 | Racks, Gondolas, Cabinets | 6/09/93 | 7,000 | | | 7,000 | 7 HY 200DB | 7,000 | 0 |
| 4 | Store Equipment | 7/07/93 | 1,045 | | | 1,045 | 7 HY 200DB | 1,045 | 0 |
| 5 | Dryer | 3/26/97 | 1,189 | | | 1,189 | 7 HY 200DB | 1,189 | 0 |
| 6 | Sign | 5/13/95 | 1,073 | | | 1,073 | 7 HY 200DB | 1,073 | 0 |
| 7 | Sign | 4/29/97 | 2,150 | | | 2,150 | 7 HY 200DB | 2,150 | 0 |
| 8 | Signs | 7/07/97 | 3,220 | | | 3,220 | 7 HY 200DB | 3,220 | 0 |
| 9 | Tools | 8/10/98 | 294 | | | 294 | 7 HY 200DB | 294 | 0 |
| 11 | Remodeling | 4/04/97 | 23,376 | | | 23,376 | 39 MMS/L | 6,638 | 600 |
| 12 | Roofing | 6/23/97 | 1,250 | | | 1,250 | 39 MMS/L | 352 | 32 |
| 14 | New Roof | 6/04/99 | 26,050 | | | 26,050 | 39 MMS/L | 6,041 | 668 |
| 15 | Dishwasher | 8/23/99 | 470 | | | 470 | 7 HY 200DB | 470 | 0 |
| 16 | Addition & Remodeling | 3/23/01 | 76,506 | | | 76,506 | 39 MMS/L | 14,235 | 1,961 |
| 17 | Washing Machine | 4/27/01 | 1,140 | | | 1,140 | 7 HY 200DB | 1,140 | 0 |
| 19 | Fence | 8/23/02 | 530 | | X | -149 | 10 HY 200DB | 530 | 0 |
| 20 | Carpet | 2/28/03 | 566 | X | X | 0 | 7 HY 200DB | 566 | 0 |
| 21 | 2 Utility Carts | 12/12/03 | 330 | | X | 165 | 7 HY 200DB | 221 | 43 |
| 25 | Office Desk & Chairs | 10/13/04 | 1,752 | | X | 876 | 7 HY 200DB | 1,022 | 209 |
| 26 | Clothing racks | 1/19/05 | 523 | | | 523 | 7 HY 200DB | 283 | 69 |
| 27 | Computer & Accessories | 4/06/05 | 860 | | | 860 | 5 HY 200DB | 594 | 177 |
| 28 | Office Chairs | 7/26/05 | 300 | | | 300 | 7 HY 200DB | 149 | 43 |
| 30 | Cash Register | 3/11/06 | 669 | | | 669 | 7 HY 200DB | 376 | 84 |
| 31 | Vacuum Cleaner | 5/06/06 | 420 | | | 420 | 5 HY 200DB | 299 | 48 |
| 33 | Cash Register | 2/21/07 | 629 | | | 629 | 7 HY 200DB | 211 | 120 |
| 34 | Awning - West Door | 3/01/07 | 785 | | | 785 | 10 HY 200DB | 188 | 120 |
| 35 | Aluminum Canopy | 2/21/07 | 11,600 | | | 11,600 | 39 MMS/L | 442 | 298 |
| 36 | Awning Area | 5/09/07 | 792 | | | 792 | 10 HY 200DB | 179 | 123 |
| 37 | New Light Fixtures | 9/05/07 | 6,879 | | | 6,879 | 39 MMS/L | 169 | 176 |
| 38 | Air Conditioning Unit | 11/12/07 | 10,150 | | | 10,150 | 39 MMS/L | 206 | 260 |
| 39 | Leasehold Improvements | 8/30/08 | 6,500 | | | 6,500 | 39 MMS/L | 7 | 167 |
| | | | <u>215,535</u> | | | <u>213,249</u> | | <u>77,776</u> | <u>5,198</u> |
| Other Depreciation: | | | | | | | | | |
| 10 | Building | 10/30/96 | 485,470 | | | 485,470 | 40 MO S/L | 143,618 | 12,137 |
| 13 | Land | 10/30/96 | 0 | | | 0 | 0 HY | 0 | 0 |
| 18 | Fence | 9/11/01 | 344 | | | 0 | 10 MO S/L | 344 | 0 |
| | Total Other Depreciation | | <u>485,814</u> | | | <u>485,470</u> | | <u>143,962</u> | <u>12,137</u> |
| | Total ACRS and Other Depreciation | | <u>485,814</u> | | | <u>485,470</u> | | <u>143,962</u> | <u>12,137</u> |
| | Grand Totals | | 701,349 | | | 698,719 | | 221,738 | 17,335 |
| | Less: Dispositions | | 0 | | | 0 | | 0 | 0 |
| | Net Grand Totals | | <u>701,349</u> | | | <u>698,719</u> | | <u>221,738</u> | <u>17,335</u> |

AMT Asset Report

FYE: 8/31/2009

GIFT SHOP SALES

| Asset | Description | Date In Service | Cost | Bus % | Sec 179 | Bonus | Basis for Depr | PerConv Meth | Prior | Current |
|-----------------------------|-----------------------------------|--------------------|---------------|----------|------------|-------|-------------------|--------------|----------|---------------|
| 5-year GDS Property: | | | | | | | | | | |
| 50 | POS Retail System | 5/15/09 | 14,080 | | | X | 7,040 | 5 HY 200DB | 0 | 8,448 |
| | | | <u>14,080</u> | | | | <u>7,040</u> | | <u>0</u> | <u>8,448</u> |
| 7-year GDS Property: | | | | | | | | | | |
| 49 | 3 Black Abstracta Displays | 5/15/09 | 2,163 | | | X | 1,082 | 7 HY 200DB | 0 | 1,236 |
| 51 | Slatwall Shelving Pegs Etc | 5/15/09 | 875 | | | X | 437 | 7 HY 200DB | 0 | 500 |
| 52 | Floor MDF Dark Wood | 5/15/09 | 580 | | | X | 290 | 7 HY 200DB | 0 | 331 |
| 53 | Mug Display - White | 5/15/09 | 390 | | | X | 195 | 7 HY 200DB | 0 | 223 |
| 54 | Images Misc Display/Wood Wire etc | 5/15/09 | 400 | | | X | 200 | 7 HY 200DB | 0 | 229 |
| 55 | Black Lighted Display Cabinet | 5/15/09 | 626 | | | X | 313 | 7 HY 200DB | 0 | 358 |
| 56 | Misc Small Display Purchases | 5/15/09 | 670 | | | X | 335 | 7 HY 200DB | 0 | 383 |
| | | | <u>5,704</u> | | | | <u>2,852</u> | | <u>0</u> | <u>3,260</u> |
| Grand Totals | | | 19,784 | | | | 9,892 | | 0 | 11,708 |
| Less: Dispositions | | | <u>0</u> | | | | <u>0</u> | | <u>0</u> | <u>0</u> |
| Net Grand Totals | | | <u>19,784</u> | | | | <u>9,892</u> | | <u>0</u> | <u>11,708</u> |

Federal Statements

65-0392921

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Form 990-EZ, Part II, Line 23 - Land and Buildings

| Description | Beginning of Year | Accumulated Depreciation | End of Year | Accumulated Depreciation |
|---------------------------------|----------------------|-----------------------------|----------------|-----------------------------|
| LAND | \$ 131,414 | \$ | \$ 131,414 | \$ 0 |
| BUILDING | 485,470 | 143,618 | 485,470 | 155,755 |
| FURNITURE & EQUIP - AUX | 32,525 | 5,390 | 32,525 | 8,860 |
| FURNITURE & EQUIP - GIFT SHOP | | | 19,784 | 11,708 |
| FURNITURE & EQUIP - THRIFT SHOP | 53,568 | 49,726 | 53,568 | 50,692 |
| LEASEHOLD IMPROVEMENTS | 162,311 | 28,003 | 162,311 | 32,061 |
| SOFTWARE | 2,254 | 2,254 | 2,254 | 2,254 |
| TOTAL | \$ 867,542 | \$ 228,991 | \$ 887,326 | \$ 261,330 |