



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Department of the Treasury  
Internal Revenue ServiceShort Form  
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Open to Public  
Inspection

Under 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

A For the 2008 calendar year, or tax year beginning **9/01/08**, and ending **8/31/09**

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  
**MANATEE MEMORIAL HOSPITAL FOUNDATION, INC.**

Number and street (or P O box, if mail is not delivered to street address)  
**206 2ND STREET EAST**

Room/suite

City or town, state or country, and ZIP + 4  
**BRADENTON FL 34208**

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

D Employer identification number  
**65-0392921**

E Telephone number  
**941-745-7306**

F Group Exemption  
Number ►

G Accounting method  
Cash  Accrual  
Other (specify) ►

I Website: ► **N/A**

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

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

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	<b>393,625</b>
	2 Program service revenue including government fees and contracts	2	<b>48,288</b>
	3 Membership dues and assessments	3	
	4 Investment income	4	<b>6,027</b>
	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.)		
	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	<b>35,504</b>
Expenses	b Less: direct expenses other than fundraising expenses	6b	<b>17,377</b>
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	<b>18,127</b>
	7a Gross sales of inventory, less returns and allowances	7a	<b>430,233</b>
	b Less: cost of goods sold	7b	<b>380,365</b>
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	<b>49,868</b>
	8 Other revenue (describe ► )	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	<b>515,935</b>
	10 Grants and similar amounts paid (attach schedule)	10	<b>459,420</b>
	11 Benefits paid to or for members	11	
Net Assets	12 Salaries, other compensation, and employee benefits	12	<b>85,736</b>
	13 Professional fees and other payments to independent contractors	13	<b>11,241</b>
	14 Occupancy, rent, utilities, and maintenance	14	<b>66,551</b>
	15 Printing, publications, postage, and shipping	15	<b>3,718</b>
	16 Other expenses (describe ► SEE STATEMENT 2)	16	<b>161,489</b>
	17 Total expenses. Add lines 10 through 16	17	<b>788,155</b>
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<b>-272,220</b>
	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	<b>1,132,495</b>
	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	<b>860,275</b>

## 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.)

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

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

DAA

Form 990-EZ (2008)

2008

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

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 \$ <b>459,420</b> ) If this amount includes foreign grants, check here	<input type="checkbox"/>	<b>28a</b>	<b>459,420</b>
<b>29 CONTINUING EFFORTS TO OBTAIN DONATIONS FOR RESALE IN THE THRIFT SHOP THROUGH VOLUNTEER SERVICES.</b>			
(Grants \$ <b>170,292</b> ) If this amount includes foreign grants, check here	<input type="checkbox"/>	<b>29a</b>	<b>170,292</b>
<b>30 EDUCATE THE PUBLIC AND PROVIDE CONFERENCES ON VARIOUS HEALTH TOPICS.</b>			
(Grants \$ <b>69,131</b> ) If this amount includes foreign grants, check here	<input type="checkbox"/>	<b>30a</b>	<b>69,131</b>
<b>31 Other program services (attach schedule) SEE STATEMENT 7</b>			
(Grants \$ <b>30,902</b> ) If this amount includes foreign grants, check here	<input type="checkbox"/>	<b>31a</b>	<b>30,902</b>
<b>32 Total program service expenses (add lines 28a through 31a)</b>		<b>32</b>	<b>729,745</b>

**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 VINGER	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

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

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

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

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

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?

b If "Yes," has it filed a tax return on Form 990-T for this year?

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N

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?

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?

b If "Yes," complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ► \_\_\_\_\_, section 4912 ► \_\_\_\_\_; section 4955 ► \_\_\_\_\_

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

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d Enter amount of tax on line 40c reimbursed by the organization

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

41 List the states with which a copy of this return is filed. ► **NONE**42a The books are in care of ► **VERNON DESEAR**  
206 SECOND STREET EASTTelephone no. ► **941-745-7204**ZIP + 4 ► **34208**Located at ► **BRADENTON, FL**

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: ► \_\_\_\_\_

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.? If "Yes," enter the name of the foreign country: ► \_\_\_\_\_

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ►  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

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

	Yes	No
33	X	
34		X
35a	X	
35b	X	
36		X
37b		X
38a		X
38b		
39a		
39b		
40b		X
40e		X

	Yes	No
42b		X
42c		X

	Yes	No
44		X
45		X

**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.

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

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

    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		

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.

**Sign  
Here**

Signature of officer  
**VERNON DESEAR**

**EXECUTIVE DIRECTOR**

**Paid  
Preparer's  
Use Only**

Preparer's signature	► <i>Clay Bennett CPA</i>	Date	Preparer's Identifying Number (See Insr.)
		3/12/10	<input type="checkbox"/> <b>P00272114</b>
Firm's name (or yours if self-employed), address and ZIP + 4	► <b>CPA CONSULTANTS PA 1605 MAIN ST. STE. 1115 SARASOTA, FL 34236</b>	EIN	► <b>65-1011784</b>
		Phone	► <b>941-957-1040</b>

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

---

Form 990-EZ (2008)

**SCHEDULE A**  
 (Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2008**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceTo be completed by all section 501(c)(3) organizations and section 4947(a)(1)  
nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization **MANATEE MEMORIAL HOSPITAL FOUNDATION, INC.**Employer identification number  
**65-0392921****Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  
 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  
 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)  
 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  
 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)  
 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  
 9  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 exempt 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). (Complete Part III.)  
 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III—Functionally Integrated      d  Type III—Other  
 e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).  
 f  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box  
 g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  
 (ii) A family member of a person described in (i) above?  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?  
 h  Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) Is the organization in col. (I) listed in your governing document?		(V) Did you notify the organization in col. (I) of your support?		(VI) Is the organization in col. (I) organized in the U.S.?		(VII) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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 checked="" 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"/>

Schedule A (Form 990 or 990-EZ) 2008 **MANATEE MEMORIAL HOSPITAL**

65-0392921

Page 3

**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 <b>Total:</b> 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 <b>Public support</b> (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 <b>Total support.</b> (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 ► **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 <b>33 1/3 % support tests—2008.</b> 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		
b <b>33 1/3 % support tests—2007.</b> 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		
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

**Part IV 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)

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

**2008**

Open To Public  
Inspection

**Department of the Treasury  
Internal Revenue Service**

Name of the organization **MANATEE MEMORIAL HOSPITAL FOUNDATION, INC.**

**Employer identification number**  
**65-0392921**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

Yes  No

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

**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>JEWELRY SALE</b>	(b) Event #2 <b>BOOKS &amp; NEWSPAP</b>	(c) Other Events <b>2</b>	(d) Total Events (Add col (a) through col (c))
				(event type)
Revenue	1 Gross receipts	11,600	9,338	13,901
	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))
				(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 type="checkbox"/> Yes ..... % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input checked="" type="checkbox"/> No	<input 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)			► ( )

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? \_\_\_\_\_

b If "No," Explain: \_\_\_\_\_

	Yes	No
9a		X
10a		X
11		X
12		X

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? \_\_\_\_\_

b If "Yes," Explain: \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers? \_\_\_\_\_

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? \_\_\_\_\_

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

	Yes	No
13a	%	
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?

- 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?

- 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 ► \$ .....

15a	X
-----	---

17a	X
-----	---

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

OMB No 1545-0172

**2008**Attachment  
Sequence No **67**

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	<b>250,000</b>
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	<b>800,000</b>
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 <b>smaller</b> 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	<b>3,198</b>

**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	<b>270</b>
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 ► <input type="checkbox"/>		

**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	<b>3,468</b>
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)

THERE ARE NO AMOUNTS FOR PAGE 2

DAA

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

OMB No 1545-0172

**2008**Attachment  
Sequence No **67**

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	<b>250,000</b>
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	<b>800,000</b>
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	<b>17,031</b>

**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	<b>132</b>
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 ► <input type="checkbox"/>		

**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	<b>17,163</b>
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)

THERE ARE NO AMOUNTS FOR PAGE 2

DAA

**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	Book Value Explanation	Book Value Explanation	FMV Explanation	Purpose
OUR DAILY BREAD 1426 14TH STREET WEST BRADENTON, FL 34205	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	Book Value Explanation	FMV Explanation	CHARITABLE
WEST MANATEE FIRE RESCUE 6001 MARINA DRIVE HOLMES BEACH, FL 34217							CHARITABLE
HEART GALLERY 8244 COUNTRY OAKS COURT SARASOTA, FL 34243							CHARITABLE
MEALS ON WHEELS PLUS 811 23RD AVENUE EAST BRADENTON, FL 34208							CHARITABLE
V FOUNDATION 7810 MATHERN COURT BRADENTON, FL 34202							CHARITABLE

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

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

MMHOSPFUND MANATEE MEMORIAL HOSPITAL  
65-0392921  
FYE: 8/31/2009

**Federal Statements**

3/12/2010 1:19 PM  
Page 3

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

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

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

Description	Amount
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	
CONFFERENCES & 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**

Description	Beginning of Year	End of Year
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**

Description	Amount
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
<b>TOTAL</b>	<b>\$ 9,031</b>

## Federal Asset Report

## Form 990, Page 1

03/12/2010 1:19 PM

Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>Prior MACRS:</b>											
29	Dell Computer (aux-office)	10/06/05	<u>2,343</u>			<u>2,343</u>	5	HY 200DB		<u>1,668</u>	<u>270</u>
			<u>2,343</u>			<u>2,343</u>				<u>1,668</u>	<u>270</u>
<b>Other Depreciation:</b>											
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	<u>1,314</u>			<u>1,314</u>	10	MO S/L		<u>0</u>	<u>131</u>
<b>Total Other Depreciation</b>			<u>32,436</u>			<u>32,436</u>				<u>5,977</u>	<u>3,198</u>
<b>Total ACRS and Other Depreciation</b>			<u>32,436</u>			<u>32,436</u>				<u>5,977</u>	<u>3,198</u>
<b>Grand Totals</b>			34,779			34,779				7,645	3,468
<b>Less: Dispositions</b>			0			0				0	0
<b>Less: Start-up/Org Expense</b>			0			0				0	0
<b>Net Grand Totals</b>			<u>34,779</u>			<u>34,779</u>				<u>7,645</u>	<u>3,468</u>

## Federal Asset Report

## THRIFT SHOP SALES

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>Prior MACRS:</b>											
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
							1,655			1,089	
										1,241	132
<b>Other Depreciation:</b>											
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
<b>Total Other Depreciation</b>			<u>831,108</u>				<u>830,234</u>			<u>220,105</u>	<u>17,031</u>
<b>Total ACRS and Other Depreciation</b>			<u>831,108</u>				<u>830,234</u>			<u>220,105</u>	<u>17,031</u>
<b>Grand Totals</b>			<u>832,763</u>				<u>831,323</u>			<u>221,346</u>	<u>17,163</u>
<b>Less: Dispositions</b>			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
<b>Less: Start-up/Org Expense</b>			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
<b>Net Grand Totals</b>			<u>832,763</u>				<u>831,323</u>			<u>221,346</u>	<u>17,163</u>

## Federal Asset Report

## GIFT SHOP SALES

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>5-year GDS Property:</b>											
50	POS Retail System	5/15/09	<u>14,080</u>		X	<u>7,040</u>	5	HY 200DB		0	<u>8,448</u>
			<u>14,080</u>			<u>7,040</u>				0	<u>8,448</u>
<b>7-year GDS Property:</b>											
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	<u>670</u>		X	<u>335</u>	7	HY 200DB		0	<u>383</u>
			<u>5,704</u>			<u>2,852</u>				0	<u>3,260</u>
<b>Grand Totals</b>			<b>19,784</b>			<b>9,892</b>				0	<b>11,708</b>
<b>Less: Dispositions</b>			<b>0</b>			<b>0</b>				0	<b>0</b>
<b>Less: Start-up/Org Expense</b>			<b>0</b>			<b>0</b>				0	<b>0</b>
<b>Net Grand Totals</b>			<b><u>19,784</u></b>			<b><u>9,892</u></b>				<b><u>0</u></b>	<b><u>11,708</u></b>

## AMT Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>Prior MACRS:</b>											
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>
<b>Grand Totals</b>			<u>34,779</u>			<u>27,904</u>				<u>13,027</u>	<u>4,818</u>
<b>Less: Dispositions</b>			<u>0</u>			<u>0</u>				<u>0</u>	<u>0</u>
<b>Net Grand Totals</b>			<u>34,779</u>			<u>27,904</u>				<u>13,027</u>	<u>4,818</u>

## AMT Asset Report

## THRIFT SHOP SALES

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>Prior MACRS:</b>											
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	MM S/L	6,638	600
12	Roofing	6/23/97	1,250				1,250	39	MM S/L	352	32
14	New Roof	6/04/99	26,050				26,050	39	MM S/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	MM S/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	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	MM S/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	MM S/L	169	176
38	Air Conditioning Unit	11/12/07	10,150				10,150	39	MM S/L	206	260
39	Leasehold Improvements	8/30/08	6,500				6,500	39	MM S/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
	<b>Total Other Depreciation</b>		<u>485,814</u>				<u>485,470</u>			<u>143,962</u>	<u>12,137</u>
	<b>Total ACRS and Other Depreciation</b>		<u>485,814</u>				<u>485,470</u>			<u>143,962</u>	<u>12,137</u>
	<b>Grand Totals</b>		<u>701,349</u>				<u>698,719</u>			<u>221,738</u>	<u>17,335</u>
	<b>Less: Dispositions</b>		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>701,349</u>				<u>698,719</u>			<u>221,738</u>	<u>17,335</u>

## AMT Asset Report

## GIFT SHOP SALES

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>5-year GDS Property:</b>											
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>
<b>7-year GDS Property:</b>											
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>
<b>Grand Totals</b>			19,784			9,892				0	11,708
<b>Less: Dispositions</b>			0			0				0	0
<b>Net Grand Totals</b>			<u>19,784</u>			<u>9,892</u>				<u>0</u>	<u>11,708</u>

**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
<b>TOTAL</b>	<b>\$ 867,542</b>	<b>\$ 228,991</b>	<b>\$ 887,326</b>	<b>\$ 261,330</b>