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Form 990-PF

Department of the Treasury

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

2009

mem	ai Keveii	de Service The loandation may be ab	ic to use a copy or ans rote	4111 to sausty	State reporting	requirements	<u> </u>			
For o	alenda	r year 2009, or tax year beginning ,	and ending							
GC	heck at	I that apply: Initial return Initial re	eturn of a former public	charity		Final return				
		Amended return Ad	dress change	Na Na	me change					
	the IRS				1 '	A Employer identification number 59-3057267				
	abel. erwise,	RIVERSIDE HOSPITAL FOUNDA	TION, INC.			B Telephone number (see page 10 of the instructions)				
F	orint	Number and street (or P O box number if mail is not delivered	to street address)	Room/suite	e <u>90</u>	904-730-9552				
or	type.	9090 BARRISTER COURT			C If exe	emption application is pend	ing, check here			
See	Specific	City or town, state, and ZIP code			D 1. F	oreign organizations, check	here 🕨 🗌			
Instr	uctions	JACKSONVILLE FL	32257		2. Fo	oreign organizations meetir	ng the			
	•	pe of organization X Section 501(c)(3) exempt private	e foundation ble private foundation			5% test, check here and att				
		4947(a)(1) nonexempt charitable trust Other taxable trust Othe		crual		on 507(b)(1)(A), check here				
		om Part II, col (c), Accounting method	Casii M Au	Liuai			<u></u>			
	year (iii e 16) ▶	10 640 414	ho on each back \			: foundation is in a 60-mont ir section 507(b)(1)(B), che				
	rt I			1		1				
E.c	(f C 1	total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Ne	t investment	(c) Adjusted net	(d) Disbursements for chantable			
		the amounts in column (a) (see page 11 of the instructions))	books		income	income	purposes			
	4		 	-		\$1	(cash basis only)			
		Contributions, gifts, grants, etc., received (attach schedule) Check ► X if the foundation is not required to attach Sch B	* * *	* · · · · · · · · · · · · · · · · · · ·		. 28 3	<i>*</i>			
			128	+	128					
9		Interest on savings and temporary cash investments	302,388		302,388					
2010		Dividends and interest from securities	302,366	' 	302,300	302,300				
	1	Gross rents	13. J. J.	M : (1)						
T T	ŀ	Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 STMT 1	184,924							
en	1		104, 924	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
Beyenue		Gross sales price for all assets on line 6a 2,760,474	***************************************	280	0	****				
\Box	l .	Capital gain net income (from Part IV, line 2)				——————————————————————————————————————	~ ~~			
		Net short-term capital gain			<u> </u>	0	*x. **			
Ž	ł	Income modifications		+ 7	·	23%, cV				
SCANNE	ł	Gross sales less returns & allowances		1 3	» *	<u></u>				
Ö	1	Less Cost of goods sold	. <u>.</u> 3 ^V		·					
Ø		Gross profit or (loss) (attach schedule) Other income (attach schedule) STMT 2	14 496			14 496				
			14,486		202 516	14,486				
		Total. Add limes Ythrough 1 () Compensation of officers, directors drustees, etc	501,926 36,000		302,51 <u>6</u>	317,002	<u>````</u>			
es			36,000	' 						
enses		Oth Remphyles salares and Wages		 						
		Pension plans, employee benefits α		 						
Щ	16a	Legal fees (attach schedule) STMT 3	7,571	 -	3,786					
Š			37,875		37,875					
Operating and Administrative Exp		Other professional fees (attach schedule) STMT 4 Interest	31,013	 	31,013	 				
str		Taxes (attach schedule) (see page 14 of the instructions) STMT 5	-15,353	,	-15,501		<u></u>			
Ë		Depreciation (attach schedule) and depletion STMT 6	52		-13,301		*			
E	ŀ	Occupancy		 						
¥		Travel, conferences, and meetings		 						
b		Printing and publications								
a	ł	Other expenses (att sch) STMT 7	7,536	1						
ij		Total operating and administrative expenses.		1						
ī		Add lines 13 through 23	73,681	J	26,160]	0			
be		Contributions, gifts, grants paid	532,850		20,100	6	532,850			
0	L.	Total expenses and disbursements. Add lines 24 and 25	606,531		26,160		532,850			
		Subtract line 26 from line 12	1 000,331	 	20,100		332,030			
		Excess of revenue over expenses and disbursements	-104,605	5						
		Net investment income (if negative, enter -0-)	104,000	 	276,356					
		Adjusted net income (if negative, enter -0-)		 	2.0/330	317,002				
	, - 4		1			0417002				

9,979,036 Form **990-PF** (2009)

9,979,036

4

5

6

Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize) ▶

6 Total net assets or fund balances at end of year (line 4 minus line 5)-Part II, column (b), line 30

Part IV Capital Gains a	nd Losses for Tax on Investme	ent Income	·-						
	be the kind(s) of property sold (e.g., real estate, ehouse, or common stock, 200 shs MLC Co.)		(b) How acquired (P—Purchase D—Donation	c) Date ac (mo , day		(d) Date sold (mo , day, yr)			
1a N/A									
b									
<u>c</u>			 						
<u>d</u>	···								
<u>e</u>	(5) Decrease the allowed	(a) Canhan			(h) Gain				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale	(minus (g)			
a									
<u>b</u>									
<u>c</u>									
<u>d</u> e									
	gain in column (h) and owned by the fou	indation on 12/31/69)	(1) Co		(b) asin minus			
(i) F M V as of 12/31/69 (j) Adjusted basis (k) Excess of col (i) over col (j), if any						(h) gain minus ess than -0-) or im col (h))			
a									
b									
С									
d									
<u>e</u>	If gain, also enter in								
2 Capital gain net income or (net ca									
If (loss), enter -0- in Part I, line 7 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)									
	If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions).								
If (loss), enter -0- in Part I, line 8									
Part V [*] Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income									
For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)									
section 4940(d)(2) applies, leave this part blank.									
Vas the foundation liable for the sect	ion 4942 tax on the distributable amount	of any year in the ba	se period? Yes	X No					
"Yes," the foundation does not qual	fy under section 4940(e) Do not complete	e this part							
1 Enter the appropriate amount in e	each column for each year, see page 18 c	of the instructions be	fore making any entries						
(a) Base penod years Calendar year (or tax year beginning	(b) Adjusted qualifying distribution	s Net value	(c) of noncharitable-use assets	T = 0	(d) Distribution ratio (col (b) divided by col (c))				
2008	594	, 623	10,710,63	8		0.055517			
2007	569	,040	12,364,23	8		0.046023			
2006		,212	11,581,10			0.047337			
2005		,768	11,067,84			0.047323			
2004	475	, 424	10,583,76	4		0.044920			
				1 1		0 041100			
2 Total of line 1, column (d)				2		0.241120			
	5-year base period—divide the total on lin	e 2 by 5, or by the				0 040224			
number of years the foundation h	as been in existence if less than 5 years			3		0.048224			
4 Enter the net value of noncharitat	ole-use assets for 2009 from Part X, line !	5		4		9,569,764			
						467 400			
5 Multiply line 4 by line 3				5		461,492			
C. Fatar 400 of and must be a real factor (400 of F. 144 ii. 200).						2,764			
6 Enter 1% of net investment income (1% of Part I, line 27b)						2,704			
7 Add lines 5 and 6						464,256			
B Enter qualifying distributions from	8								
-	line 7, check the box in Part VI, line 1b,	and complete that pa	art using a 1% tax rate. S	ee the					
Part VI instructions on page 18						000 DE			
					F	orm 990-PF (2009)			

<u>Form</u>	990-PF (2009) RIVERSIDE HOSPITAL FOUNDATION, INC. 59-305/26/			<u> </u>	Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the in	nstruction	s)		
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1				,
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		<u>2,</u>	<u> 764</u>
	here ▶ X and enter 1% of Part I, line 27b	- 1			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of				-
	Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2			0
3	Add lines 1 and 2	3		<u>2,</u>	764
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5		<u>2,</u>	764
6	Credits/Payments	,]	3	,	
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 2,780				
b	Exempt foreign organizations—tax withheld at source	1	ě		,
С	Tax paid with application for extension of time to file (Form 8868) 6c			*	
d	Backup withholding erroneously withheld 6d 6d		_ <u> </u>	. £	
7	Total credits and payments Add lines 6a through 6d	7		2,	<u> 780</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			16
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 16 Refunded ▶	11			
Pa	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Ľ	Yes	No
	participate or intervene in any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19				
	of the instructions for definition)?		_1b	<u> </u>	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		Ź	·	
	published or distributed by the foundation in connection with the activities		L.	<u>.</u>	<i>i</i> 1
C	Did the foundation file Form 1120-POL for this year?		1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.		¥ _y	,	* *
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$	_			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		1		
	on foundation managers. > \$				<i>4</i>
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities		Ž,		jil.
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			^.	-A
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3_		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	_4b		<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If "Yes," attach the statement required by General Instruction T		1.		V.
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		T,	N.	J
	By language in the governing instrument, or			. *	8
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		Ĭ.	[‹
	conflict with the state law remain in the governing instrument?		6	X	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	/	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the		1		1
	ınstructions) ▶ FL		13]	2
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		 	ŀ	×
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b		X
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			-	
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page]]
	27)? If "Yes," complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses		10		X_
		-	- 00	A DE	(2000)

Form	1990-PF(2009) RIVERSIDE HOSPITAL FOUNDATION, INC. 59-305726	57			Р	age 5
Pa	art VII-A Statements Regarding Activities (continued)			_		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the]	1	
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)			11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			1	ł	1
	August 17, 2008?			12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applica	tion?		13	X	<u></u>
	Website address ► N/A		004		2 6 5	_
14		phone no 🕨	904-9	182-	367	6
	9090 BARRISTER CT		20055	,		
	Located at ▶ JACKSONVILLE, FL	ZIP+4 ▶	32257	/		. —
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here	. 1	. 1			▶ _
	and enter the amount of tax-exempt interest received or accrued during the year		15			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			**		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			- 7° ;	Yes	No
1a	• • • • • • • • • • • • • • • • • • • •	П.,	ਹ			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	∐ Yes	X No	1		* .
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	\Box	₩.			
	disqualified person?	Yes	X No X No	8	<i></i>	<i>y</i> ,
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	 1	**		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	∐ Yes	X No	* .		c d
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	□ v _{aa}	X No			
	the benefit or use of a disqualified person)? (6) Agree to pay person or proportion a government official? (Expention, Check "No" if the	Yes	V NO	÷ 2.	33	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			1 2		[:
	foundation agreed to make a grant to or to employ the official for a period after	Yes	X No			\$
b	termination of government service, if terminating within 90 days.) If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulation		∑ NO			., '
D	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	J115	N/A	1b	^ ~~	، کنی
	Organizations relying on a current notice regarding disaster assistance check here		▶ ∏	10		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			1/2		
·	were not corrected before the first day of the tax year beginning in 2009?		N/A	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		11/11	10	-	, 🔻
-	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):				3 <	,
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and			. 4	*	. * *
-	6e, Part XIII) for tax year(s) beginning before 2009?	Yes	X No	,		*** :
	If "Yes," list the years ▶ 20 , 20 , 20 , 20	٠٠٠	٠٠٠ ست	1	,	
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)					
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to				3	
	all years listed, answer "No" and attach statement—see page 20 of the instructions)		N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here					
	▶ 20 , 20 , 20 , 20				\$ 3°	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			4	>	
	at any time during the year?	Yes	X No		<i>\$</i> :	1
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or	_			,	À
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			<i>i</i> .	á	• ;
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of				*	, .
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			Z	š.	
	foundation had excess business holdings in 2009)		N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes	3		4a		_X_
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its					
	charitable purpose that had not been removed from identify before the first day of the tay year beginning in 20	1002		1 46		v

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Forn	990-PF(2009) RIVERSIDE HOSPITAL FOUNDATION,	INC. 59-3	3057267		Page 6
Pa	art VII-B Statements Regarding Activities for Which Form	4720 May Be F	Required (con	tinued)	
5a	During the year did the foundation pay or incur any amount to			-	
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4	945(e))?		Yes X No	
	(2) Influence the outcome of any specific public election (see section 4955), or to	carry on,	_	_	
	directly or indirectly, any voter registration drive?			Yes X No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?		П	Yes X No	
	(4) Provide a grant to an organization other than a charitable, etc., organization of	described in	_	_	[
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instri		\square	Yes X No]
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or		۷		
	purposes, or for the prevention of cruelty to children or animals?			Yes X No	
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under	the exceptions de			
_	Regulations section 53 4945 or in a current notice regarding disaster assistance			N/A	5b
	Organizations relying on a current notice regarding disaster assistance check her		,	▶ □	
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from			, ,	4 1
Ŭ	because it maintained expenditure responsibility for the grant?	ii ii c tax	N/A 🗍	Yes No	
	If "Yes," attach the statement required by Regulations section 53 4945-5(d).		11/21	163 🔲 110	
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay	/ nromilime			
Ja	on a personal benefit contract?	Piemiums	\Box	Yes X No	
h	·	onal hanefit contra		ies tyl un	6b ~ X
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a pers If "Yes" to 6b, file Form 8870	onai beneni contra	iot*		· · · · · · · · · · · · · · · · · · ·
70		ltor transaction?	\Box	Yes X No	
7a	At any time during the tax year, was the foundation a party to a prohibited tax she		_	N/A	7b
D	If yes, did the foundation receive any proceeds or have any net income attributab art VIII Information About Officers, Directors, Trustees, Fo				
	and Contractors	ulluation Mail	agers, mgmy	raid Limploy	ees,
4	ist all officers, directors, trustees, foundation managers and their compensa	tion (see page 22	of the instruction	ne)	
	list all officers, directors, trustees, foundation managers and their compensa	T	The instruction		,
	(a) News and address	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Expense account,
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred	other allowances
		<u> </u>	···	compensation	
SE	E STATEMENT 10	ļ			ļ
		ļ		 	
		ļ		 	
			1	}	ļ
		ļ			ļ — — — — — — — — — — — — — — — — — — —
		}	1	1	ļ
		L	l	L	<u> </u>
2	Compensation of five highest-paid employees (other than those included on	line 1—see page	23 of the instruc	tions).	
	If none, enter "NONE."	·		,	
		(b) Title, and average		(d) Contributions to employee benefit	(e) Expense account,
	(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred	other allowances
		devoted to position	ļ	compensation	
NC	NE .				
]			
					
					_
		L			
		1		}	
			ļ	ļ	1
Tota	number of other employees paid over \$50,000			·	•
				Fo	m 990-PF (2009)
				, 0	

Form 990-PF (2009) RIVERSIDE HOSPITAL FOUNDATION, INC.	59-3057267	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation	on Managers, Highly Paid Em	ployees,
and Contractors (continued)	·	
3 Five highest-paid independent contractors for professional services (see page 23 of	the instructions). If none, enter "NON	IE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		İ
		
		Ì
	}	l
		J
Total number of others receiving over \$50,000 for professional services		•
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical inform organizations and other beneficiaries served, conferences convened, research papers produced, etc.	nation such as the number of	Expenses
1 N/A		
,		
•		ĺ
2		
		ĺ
3		
	·	
4		
Part IX-B Summary of Program-Related Investments (see page 24	of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and	d 2	Amount
1 N/A		
	J	
2	}	
All other program-related investments See page 24 of the instructions		
3		
Total Add lines 1 through 2		
Total. Add lines 1 through 3	<u> </u>	

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

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Enter 1% of Part I, line 27b (see page 26 of the instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years.

	04/29/2010 3 03 PM 990-PF (2009) RIVERSIDE HOSPITAL FOU			. 5	9-30	<u>572</u>	67	Page 9
Pa	irt XIII Undistributed Income (see page 26 o	f the instructions	s)					
	D. J. b. John and Supplementary De J.V.	(a) Corpus		Veare	(b) pnor to 2	กกล	(c) 2008	(d) 2009
1	Distributable amount for 2009 from Part XI,	Corpus	\dashv	rears	prior to z		2000	475,724
2	line 7 Undistributed income, if any, as of the end of 2009		\dashv					475,724
² a	Enter amount for 2008 only						532,403	
	Total for prior years. 20, 20, 20		7				032,100	
3	Excess distributions carryover, if any, to 2009		7					
а	From 2004]					
b	From 2005	7	ı				*	
c	From 2006	7					.	
d	From 2007	7					\$ *	
e	From 2008	7 1			ż		,	* '
f	Total of lines 3a through e						, ,i,,	·
4	Qualifying distributions for 2009 from Part XII,			······				\$
	line 4 ▶ \$ 532,850				1	Š	, ,	1
а	Applied to 2008, but not more than line 2a			«	Į.	. 1	532,403	
	Applied to undistributed income of prior years	4						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	(Election required—see page 26 of the instructions)	1						
С	Treated as distributions out of corpus (Election		\exists		· .			18 h
	required—see page 26 of the instructions)			ž .	Ď			, i
d	Applied to 2009 distributable amount	\$,	\mathcal{A}	*	,		\$30 X	447
	Remaining amount distributed out of corpus				*		4:	· •
5	Excess distributions carryover applied to 2009				: 4	ê	i	
	(If an amount appears in column (d), the same	* . *	- 1	,	à:	\$		* *
	amount must be shown in column (a))			× .	Ñ	>		
6	Enter the net total of each column as		- 4 S		. "	, i		1
	indicated below:			,	ja.	<i>(</i> , ,		
а	Corpus Add lines 3f, 4c, and 4e. Subtract line 5		╝.	<u> </u>	* .	Ŗ	/ k	1 11
b	Prior years' undistributed income. Subtract							* *
	line 4b from line 2b	7						<u> </u>
С	Enter the amount of prior years' undistributed	i i	3.					
	income for which a notice of deficiency has		1					
	been issued, or on which the section 4942(a)							
	tax has been previously assessed		å	_		_	<u> </u>	
d	Subtract line 6c from line 6b Taxable	1 1						
	amount—see page 27 of the instructions		\perp					
е	Undistributed income for 2008 Subtract line	7 7			Ğ.	Á		
	4a from line 2a. Taxable amount—see page		ļ,	i j	k j	, in the second		
	27 of the instructions			<u> </u>	· \$	<u> </u>		
f	Undistributed income for 2009 Subtract lines				N.			
	4d and 5 from line 1 This amount must be		٠,	1 1	<u> </u>	Ş.		
	distributed in 2010	47 8		1.	(Va.	<i>\$</i> *		475,277
7	Amounts treated as distributions out of corpus	ļ]	ŕ	ě			
	to satisfy requirements imposed by section		şi	Ø	*	3		
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the		-	24 ×	. *			
	instructions)		<u>_</u>			7	 	***
8	Excess distributions carryover from 2004 not		¥.		, Y			*
	applied on line 5 or line 7 (see page 27 of the			Ĭ	*		* * * * * * * * * * * * * * * * * * * *	*
-	instructions)		-		, ,		*	
9	Excess distributions carryover to 2010.				*		* /	
	Subtract lines 7 and 8 from line 6a		\dashv	 				
10	Analysis of line 9	1	i					1 .

Excess from 2005 Excess from 2006 Excess from 2007 Excess from 2008 Excess from 2009

b The form in which applications should be submitted and information and materials they should include

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

SEE STATEMENT 11

SEE STATEMENT 12

SEE STATEMENT 13

c Any submission deadlines

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Recipient Purpose of grant or status of Amount any foundation manager or substantial contributor contribution recipient Name and address (home or business) a Paid during the year LISTED PUBLI JAX COMMUNITY FDTN 112 W ADAMS #144 CHARITABLE HEALTH CARE ISSUES 532,850 JACKSONVILLE FL 32204 532,850 Total ▶ 3a b Approved for future payment N/A

▶ 3b

Total

F	art XVI-A	Analysis of Income-Producing Act	tivities				
		unts unless otherwise indicated		d business income	Exclude	d by section 512, 513, or 514	(e)
	•		(2)	(b)	(c)	(d)	Related or exempt function income
			(a) Business code	(b) Amount	Exclusion	Amount	(See page 28 of
1	Program ser	vice revenue			- Code		the instructions)
	a				1		
	f						
	g Fees an	d contracts from government agencies]		
2	-	dues and assessments			T.		
		avings and temporary cash investments		-	14	128	
		nd interest from securities			14	302,388	
		come or (loss) from real estate		i i de		<i>i</i> . <i>i</i>	1 - 1
-		anced property					
		d-financed property			 		
6		come or (loss) from personal property			-		
	Other invest			-	 		
	-	i) from sales of assets other than inventory			1		184,924
		•	<u> </u>		┼──		104, 324
		or (loss) from special events	 				
		or (loss) from sales of inventory			┼──		
11	Other revent	ue a	—		1	14 400	
	b OTHER	2		"	┼─┴─	14,486	
					-		_
	d			<u></u> .			
	е			_			- 1 . 1
		d columns (b), (d), and (e)	* 🕌) **	317,002	
		ne 12, columns (b), (d), and (e)				13	501 , 926
		in line 13 instructions on page 28 to verify calculation					
_F	Part XVI-B	Relationship of Activities to the Ac					
	Line No.	Explain below how each activity for which income					
	•	accomplishment of the foundation's exempt purpo	ses (other than	by providing funds for	such pur	poses) (See page 29 o	of the
		instructions)					
	N/A	·					
		<u> </u>					
				<u>.</u>			
				 			
							
							
							
							
							
							Form 990-PF (2009)
DΑ	٩.						rom 33U-FF (2009)

1. Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)3) organizations) or in section 527, relating to political organizations? a Transfer from the reporting foundation to a noncharitable exempt organization of (1) Cash (1) Cash (2) Other assets (3) Other assets to a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (3) Rental of facilities, equipment, or other assets (3) Performance of services or membership or fundraising solicitations (3) Rental of facilities, equipment, making lists, other assets, or part dimplyees (3) Performance of services or membership or fundraising solicitations (3) Standard of section 501(c) of the Code (other than section 501(c)) or in section 227? Ves	P	art XVII	Information Regardante		ansfers	To and Tra	nsaction	s and	Relationsh	ips With N	loncha	ritable		
in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash (2) Other assats b Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Losins or losa guarantees (6) Performance of services or membership or fundrishing solicitations (9) Performance of services or membership or fundrishing solicitations (9) Performance of services or membership or fundrishing solicitations (9) Performance of services or membership or fundrishing solicitations (9) Performance of services or membership or the facilities, equipment, almaing lasts, other assets, or paid employees (1) If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets or services given the propring fundration in fine foundation received less than fair market value of the goods, other assets, or services given the propring fundration or sharing arrangement, show in column (g) the value of the goods, other assets, or services received. (a) Line no (5) Aescurit morbed (c) Name of noncharitable exempt organizations (d) Description of transfers, transactions, and sharing arrangements V/A biff (a) Name of organization (b) Type of organization (c) Description of transfers, transactions, and sharing arrangements (b) If you have been described in section 501(c) of the Code (other than section 501(c)3) or in section 527? Ves No If you have been described in section 501(c) of the Code (other than section 501(c)3) or in section 527? Ves No If you have been described in section 501(c) of the Code (other than section 501(c)3) or in section 527? Ves No If you have been described in the constant of the foundation of vind	1	Did the o			e in any o	f the following w	/ith any othe	er organ	nization describe	 ed			Yes	No
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(5) Loans or loan guarantees (6) Performance of services or membership or fundralising solicitations (7) Performance of services or membership or fundralising solicitations (8) Performance of services or membership or fundralising solicitations (8) Living of facilities, equipment, mailing lists, other assets, or paid employees (9) If the answer to any of the above is "ves," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (9) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements 2a is the foundation directly or indirectly sfilling arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Name of organization directly or indirectly sfilling arrangement in section 501(c) (3) or in section 527? (b) If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Value of the following schedule (b) Type of organization (c) Description of relationship (c) Description of relationship (c) Description of relationship (c) Description of relationship (c) Description of other or transactions and to the best of my knowledge and plant of other or transactions are always and the second of the s		(3) Rent	al of facilities, equipment,	or other ass	ets							1b(3)		X
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described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of penjury, 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 translated possible of the penalties of officer or trustee Preparer's signature of officer or trustee Date O4/29/10 Preparer's identifying number (see Signature on page 30 of the instructions) self-employed, address, and ZIP code RALSTON & COMPANY, PA, CPA Self-employed), address, and ZIP code Phone no 904-730-0440		<u></u>												
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Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attachment Sequence No

► See separate instructions.

Attach to your tax return.

OMB No 1545-0172

Identifying number Name(s) shown on return RIVERSIDE HOSPITAL FOUNDATION, INC. 59-3057267 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. 250,000 1 Maximum amount See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 7 Listed property. Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2010, 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. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) 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 Other depreciation (including ACRS) 16 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2009 17 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 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (f) Method (a) Classification of property (business/investment use (e) Convention (g) Depreciation deduction placed in penod service only-see instructions) 19a 3-year property h 5-year property 7-year property C 10-year property 15-year property 20-year property S/I 25-year property 25 yrs S/L Residential rental 27 5 yrs MM property MM S/L 27 5 yrs MM Nonresidential real 39 yrs S/L property MM S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/L 40-year MM S/L 40 yrs **Summary** (See instructions.) Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 52 and on the appropriate lines of your return Partnerships and S corporations—see instructions 22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

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Foundation,
Hospital
Riverside
718

Federal Statements

10718 Riverside Hi 59-3057267 FYE: 12/31/2009

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Part
990-PF,
- Form
Statemen

	Net iation Gain / Loss	\$ 184,924	0 \$ 184,924		Adjusted Net Income	\$ 14,486			Charitable Purpose	\$	٥ «
	Expense Depreciation		s 0	Income	Net Investment Income	w w		nting Fees	Adjusted Net	S	o پ
P	Cost	E \$ 2,575,550 \$	\$ 2,575,550 \$	Statement 2 - Form 990-PF, Part I, Line 11 - Other Income	Revenue per Books	\$ 14,486		orm 990-PF, Part I, Line 16b - Accounting Fees	Net Investment	\$ 3,786	\$ 3,786
How Received	Sale Price	PURCHAS \$ 2,760,474	\$ 2,760,474 \$	nent 2 - Form 990-PF,					Total	\$ 7,571	\$ 7,571
	Date Sold	VARIOUS		Stater				Statement 3 - Fo			
Description	Date Acquired	VARIOUS			Description		į		U	SEES	
	Whom Sold	VARIOUS SECURITIES	TOTAL		;	OTHER			Description	INDIRECT ACCOUNTING FEES	TOTAL

Fees
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Charitable Purpose	S	0
Adjusted Net	S	\$
Net Investment	\$ 37,875	\$ 37,875
Total	\$ 37,875	\$ 37,875
Description	INVESTMENT MGT FEES	TOTAL

10718 Riverside Hospital Foundation, Inc. 59-3057267 FYE: 12/31/2009

Federal Statements

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Statement 5 - Form 990-PF, Part I, Line 18 - Taxes

Charitable Purpose	\$	\$	
Adjusted Net	S	0 \$	
Net Investment	\$ -15,501	\$ -15,501	
Total	\$ -15,353	\$ -15,353	
Description	EXCISE TAXES & STATE TAXES	TOTAL	

Statement 6 - Form 990-PF, Part I, Line 19 - Depreciation

	Adjusted Net Income	v		\$
	Net Investment Income	\$		\$
	Current Year Depreciation	· · ·	52	\$ 52
	Life	5.	Ŋ	·,
	Method	0DB	0DB	
	Prior Year Depreciation	1,139 20	320 20	1,459
Description	Cost Basis	1,139 \$	449	1,588 \$
	Date Acquired	COMPUTER 7/26/03 \$	COMPUTER 2/14/06	TOTAL \$

Statement 7 - Form 990-PF, Part I, Line 23 - Other Expenses

Charitable Purpose	}	\$
Adjusted Net	}	\$
Net Investment)	φ
Total		\$ 7,536
Description	EXPENSES OFFICE & SUPPLIES	TOTAL

10718 Riverside Hospital Foundation, Inc.
59-3057267 Federal Statements

FYE: 12/31/2009

Statement 8 - Form 990-PF, Part II, Line 13 - Other Investments

	Description	 				
		Beginning of Year	 End of Year	Basis of Valuation	_	Fair Market Value
MUTUAL FUNDS						
		\$ 10,022,973	\$ 9,906,401		\$_	10,640,414
TOTAL		\$ 10,022,973	\$ 9,906,401		\$_	10,640,414

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10718 Riverside Hospital Foundation, Inc. 59-3057267 FYE: 12/31/2009

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	Net FMV	\$	\$	
빔	End Accumulated Depreciation	1,511	1,511	
Equipme	ш	<u></u>	ა∥	
00-PF, Part II, Line 14 - Land, Building, and Equipmer	End Cost / Basis	1,588	1,588	
14 - Land	රි	တ	ς, V	
Part II, Line	Seginning Vet Book	129	129	
rm 990-PF,	S B	တ	w.	
Statement 9 - Form 99	Description		TOTAL	

10718 Riverside Hospital Foundation, Inc. 59-3057267 FYE: 12/31/2009	Federal Statements	atements		/4	4/29/2010 3:03 PM
Statement 10 - Forn	Statement 10 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees,	e 1 - List of Off c.	icers, Directors, T	rustees,	
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
JAMES H ABERNATHY 9090 BARRISTER CT JACKSONVILLE FL 32257	TREASURER		0	0	0
LELAND BURPEE, JR 9090 BARRISTER CT JACKSONVILLE FL 32257	BOD	00.0	0	0	0
CLINT DAWKINS 9090 BARRISTER CT JACKSONVILLE FL 32257	вор	00.0	0	0	0
JULIAN E FANT 9090 BARRISTER CT JACKSONVILLE FL 32257	вор	00.0	0	0	0
ROBERT S FRANCO 9090 BARRISTER CT JACKSONVILLE FL 32257	VP	00.0	0	0	0
M HARLAND JOHNSTON 9090 BARRISTER CT JACKSONVILLE FL 32257	вор	00.00	0	0	0
WILLIAM J KNAUER 9090 BARRISTER CT JACKSONVILLE FL 32257	вор	00.00	0	0	0
W RANDALL MANN 9090 BARRISTER CT JACKSONVILLE FL 32257	CHAIR	00.0	0	0	0
H THOMAS PLATT 9090 BARRISTER CT JACKSONVILLE FL 32257	PRESIDENT	00.00	0	0	0
					10

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4/29/2010 3:03 PM	Expenses	
4/28	Benefits 0	
	Compensation 0 0 0 0	
Federal Statements	Average 0.00 0.00 0.00 0.00	
	Statement 10 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc. Icontinued Ico	
59-3057267 FYE: 12/31/2009	Name and Address SYLVIA F SINCLAIR 9090 BARRISTER CT JACKSONVILLE FL 32257 KATY TOWERS 9090 BARRISTER CT JACKSONVILLE FL 32257 HELEN WERKING 9090 BARRISTER CT JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 JACKSONVILLE FL 32257	

10718 Riverside Hospital Foundation, Inc.

Federal Statements

59-3057267

FYE: 12/31/2009

Statement 11 - Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description

CONTACT HELEN WERKING FOR AN APPLICATION & BROCHURE ABOUT THE GRANT PROCESS.

Statement 12 - Form 990-PF, Part XV, Line 2c - Submission Deadlines

Description

NONE - BOARD OF DIRECTORS MEET QUARTERLY TO CONSIDER GRANT REQUESTS.

Statement 13 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

GRANTS LIMITED TO 501C3 FOR CHARITABLE HEALTHCARE RELATED SERVICES IN A 5 COUNTY AREA OF N.E. FLORIDA.

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