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Form 990-PF

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

2009

For	calend	ar year 2009, or tax year beginning 10/01/09	, and ending 09/3			. oqua omonio	<u> </u>
			eturn of a former public of			Final return	
			ldress change		change		
	the IR	Name of foundation				loyer identification num	ber
	label. terwise	Hernando Healthcare Found	ation. Inc		<u> </u>	phone number (see page 1	O of the instructions)
	print	Number and street (or P O box number if mail is not delivere		Room/surte		2-796-1444	o or the instructions)
	type.	18 N. Broad Street	0 10 30 001 222/033/	T CONTESTINO		emption application is pend	ing check here
See	Specif				1	oreign organizations, check	· -
Inst	ruction	· · · · · · · · · · · · · · · · · · ·	34601		l	oreign organizations meetir	
Н	heck t	ype of organization X Section 501(c)(3) exempt private	e foundation		1	5% test, check here and at	• _
$\overline{}$		_	ble private foundation		E If priv	vate foundation status was	terminated under
I F	air marl	ket value of all assets at end J Accounting method	X Cash Acc	rual	section	on 507(b)(1)(A), check here	• <b>▶</b> _
of	year (1	from Part II, col. (c), Other (specify)	_		F If the	foundation is in a 60-mont	h termination
lin	e 16) I	▶ \$ 1,660,115 (Part I, column (d) must	be on cash basis )		unde	r section 507(b)(1)(B), che	ck here
Pa	art i	Analysis of Revenue and Expenses (The	(a) Revenue and				(d) Disbursements
		total of amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books	(b) Net in	vestment ome	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see page 11 of the instructions) )					(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)		, .			<del></del>
	2	Check ► X If the foundation is <b>not</b> required to attach Sch. B					
	3	Interest on savings and temporary cash investments	36,081		36,081		
	4	Dividends and interest from securities	13,121		13,121		
	5a	Gross rents					
ne	b	Net rental income or (loss)  Net oain or (loss) from sale of assets not on line 10 Stmt 1	47,260				
ē	6a b	Net gain or (loss) from sale of assets not on line 10 Start 1  Gross sales pnce for all assets on line 6a 757, 382	47,200				
Revenue	7	Capital gain net income (from Part IV, line 2)			0		
ш	8	Net short-term capital gain RECEIVED				0	
	9	Income modifications	าย				
	10a	Gross sales less returns & allowances					
	b	Less Cost of goods sold	ισί σ				
	С	Gross profit or (loss) (attach schedule)	_ E				
	11	Other income (attach schedule) OGDEN, UT					
	12	Total. Add lines 1 through 1	96,462		49,202	0	
(0	13	Compensation of officers, directors, trustees, etc					
enses	14	Other employee salaries and wages					
	15	Pension plans, employee benefits				· · · · · · · · · · · · · · · · · · ·	
S.	16a	Legal fees (attach schedule)					
E.	ь	Accounting fees (attach schedule) Stmt 2	1,940				1,940
3	С	Other professional fees (attach schedule)				-,,-,-	
2	17	Interest	0.010		500		
.92 27	18	Taxes (attach schedule) (see page 14 of the instructions) Stmt 3	2,219		580		: 
ĒΣ	19	Depreciation (attach schedule) and depletion					
₽	20 21	Occupancy Travel, conferences, and meetings					
€	22	Printing and publications					
E,	23	Other expenses (att. sch.)  Stmt 4	15,543		15,472	,	71
OBBIEtingrand Administratives Exp	24	Total operating and administrative expenses.		<u> </u>	, <u>-</u> -		
ઉસ	ļ - '	Add lines 13 through 23	19,702		16,052		2,011
9	25	Contributions, gifts, grants paid	80,000		,	-	80,000
O	26	Total expenses and disbursements. Add lines 24 and 25	99,702		16,052	0	82,011
	27	Subtract line 26 from line 12					•
	а	Excess of revenue over expenses and disbursements	-3,240				
	b	Net investment income (if negative, enter -0-)			33,150		
	С	Adjusted net income (if negative, enter -0-)	,			0	

HERN6094 11/02/2010 59-2756094 Form 990-PF (2009) Hernando Healthcare Foundation, Inc Page 2 Beginning of year End of year Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) Part 1 **Balance Sheets** (c) Fair Market Value (a) Book Value (b) Book Value 1 Cash-non-interest-bearing 2,438 2,280 2,280 2 Savings and temporary cash investments 150,616 86,102 86,102 3 Accounts receivable ▶ Less allowance for doubtful accounts ▶ 4 Pledges receivable Less allowance for doubtful accounts ▶ 5 Grants receivable Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 16 of the Other notes and loans receivable (att. schedule) Less allowance for doubtful accounts ▶ 8 Inventories for sale or use 9 Prepaid expenses and deferred charges Stmt 5 351,878 395,597 395,597 10a Investments—U.S. and state government obligations (attach schedule) See Stmt 6 688,045 717,099 717,099 b Investments—corporate stock (attach schedule) See Stmt 7 Investments—corporate bonds (attach schedule) 468,427 459,037 459,037 C 11 Investments-land, buildings, and equipment basis Less accumulated depreciation (attach sch.) 12 Investments-mortgage loans 13 Investments—other (attach schedule) 14 Land, buildings, and equipment, basis Less accumulated depreciation (attach sch.) 15 Other assets (describe ▶ ) 16 Total assets (to be completed by all filers-see the 1,661,404 1,660,115 instructions Also, see page 1, item I) 1,660,115 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule) Other liabilities (describe 22 ) 0 0 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here ▶ and complete lines 24 through 26 and lines 30 and 31. **Assets or Fund Balances** 1,649,227 1,647,938 Unrestricted 24 25 Temporarily restricted 12,177 12,177 26 Permanently restricted Foundations that do not follow SFAS 117, check here ▶ and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see page 17 of the Set 1,661,404 1,660,115 instructions) Total liabilities and net assets/fund balances (see page 17 1,661,404 1,660,115 of the instructions)

Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with 1,661,404 end-of-year figure reported on prior year's return) -3,240 2 Enter amount from Part I, line 27a 2 See Statement 8 1,951 3 Other increases not included in line 2 (itemize) ▶ 3 1,660,115 4 Add lines 1, 2, and 3 4 5 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 6 1,660,115

Form 990-PF (2009)

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

7

8

2,002

82,011

Add lines 5 and 6

8 Enter qualifying distributions from Part XII, line 4

Part VI instructions on page 18

Form	990-PF (2009) Hernando Healthcare Foundation, Inc 59-2756094			P	age 4
_ <u>Pa</u>	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the inst	ructions)			
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> 332</u>
	here X and enter 1% of Part I, line 27b				
C	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	· · · · · · · · · · · · · · · · · · ·	3			332
4		4			0
5	· F	5			332
6	Credits/Payments				
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 820				
þ	Exempt foreign organizations—tax withheld at source	İ			
С	Tax paid with application for extension of time to file (Form 8868)				
ď	Backup withholding erroneously withheld 6d				~~~
7	· · · · · · · · · · · · · · · · · · ·	7			<u>820</u>
8		8		•	
9	·	9	<u>.                                    </u>		400
10	· · · · · · · · · · · · · · · · · · ·	10		-	488
11		11			
	nt VII-A Statements Regarding Activities				г
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		4-	Yes	No X
	participate or intervene in any political campaign?		<u>1a</u>		<u> </u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19		A IL		<b>.</b>
	of the instructions for definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
_	published or distributed by the foundation in connection with the activities		4-		x
C	Did the foundation file Form 1120-POL for this year?		1c		<u> </u>
ď	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  (1) On the foundation  \$ (2) On foundation managers  \$ \$				
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
θ	on foundation managers  \$				
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				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of				
J	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		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	- ,	5		х
_	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				
	conflict with the state law remain in the governing instrument?		6	X	
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				
	instructions) ▶ FL				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	N/A	8b		<u> </u>
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				1
	27)? If "Yes," complete Part XIV		9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses		10		X

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	rt.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						
	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						l
40	August 17, 2008?				12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applications are set to the exemption applications and exemption applications are set to the exemption applications and exemption applications are set to the exemption applications and exemption applications are set to the exemption applications and exemption applications are set to the exemption applications and exemption applications are set to the exemption and the exemption applications are set to the exemption and the exemption are set to the exemption applications are set to the exemption and the exemption are set to the exemption are set to the exemption and the exemption are set to the ex	ion?			13	X	<u> </u>
	Website address ► N/A The hoole are in our (A) Store Frances						
14	The books are in care of ► Steve Emerson Tel  22950 Jacobson Rd	lephone	no 🕨				
			k	24601			
45	·	ZIF	⊃+4 <b>▶</b>	34601			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here	•	. 1	ا ء،			
	and enter the amount of tax-exempt interest received or accrued during the year art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		<b>P</b>	15		_	
_ га							
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.					Yes	No
1a	During the year did the foundation (either directly or indirectly)			₹ <b>.</b>			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			₩			
	disqualified person?	$\vdash$	Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	$\vdash$	Yes				
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		Yes	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	$\Box$		₩			
	the benefit or use of a disqualified person)?  (6) Asset to pay many as property to a represent official? (Fugarties, Check   Not of the	Ш	Yes	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the						
	foundation agreed to make a grant to or to employ the official for a period after	$\Box$	<b>V</b>	X No			
<b>b</b>	termination of government service, if terminating within 90 days )		Yes	X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulation 53 4941(d) 3 or in a current notice regarding dispatcy accuracy (see the party of the incident party accuracy).	ons		N/A	46		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?			N/A	1b		<del> </del>
_	Organizations relying on a current notice regarding disaster assistance check here						
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			N/A	4.		
2	were not corrected before the first day of the tax year beginning in 2009?  Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			M/A	1c		<del>                                     </del>
-	operating foundation defined in section 4942(j)(3) or 4942(j)(5))						
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and						
a	6e, Part XIII) for tax year(s) beginning before 2009?	$\Box$	Yes	X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20	Ш	162	X No			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)					l	
-	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to						
	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			21/22	20		
٠	► 20 , 20 , 20 , 20						
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise						
ou	at any time during the year?	$\Box$	Yes	X No		İ	
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or		163	140			
~	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the						
	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 penod? (Use Schedule C, Form 4720, to determine if the						
	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 chantable purposes?	?		,	4a		x
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its				-74		<del></del>
-	chantable purpose that had not been removed from leopardy before the first day of the tax year beginning in 200	09?			4b		x

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		o Healthcare Foundation						P	Page
_		Regarding Activities for Which Form	1 4/20 May	Re Ke	quirea (contin	ued)			_
5a	During the year did the foundation					<b></b>		1	
		herwise attempt to influence legislation (section	, ,,		<b>□</b> '	res 🛛 No			
		y specific public election (see section 4955), or	to carry on,			<b>6</b>		1	
	directly or indirectly, any vol	• • • • • • • • • • • • • • • • • • • •	•			res X No			
		fual for travel, study, or other similar purposes?	•		<u> </u>	′es 🛚 No		l	
	(4) Provide a grant to an organi	ızatıon other than a charitable, etc , organızatıon	n described in						
	section 509(a)(1), (2), or (3)	), or section 4940(d)(2)? (see page 22 of the inst	tructions)		\_\ \	res X No		ĺ	
	(5) Provide for any purpose oth	er than religious, charitable, scientific, literary, o	or educational		_				
	purposes, or for the prevent	tion of cruelty to children or animals?			\ \	′es X No			
b	If any answer is "Yes" to 5a(1)-(	5), did any of the transactions fail to qualify und	ler the exception	ns desc	nbed in				
	Regulations section 53 4945 or i	in a current notice regarding disaster assistance	e (see page 22	of the in	structions)?	N/A	5b	L	
	Organizations relying on a curre	ent notice regarding disaster assistance check hi	ere			▶ 🗍			
С	If the answer is "Yes" to question	n 5a(4), does the foundation claim exemption fro	om the tax			_			
	because it maintained expenditu	re responsibility for the grant?			N/A 🗌	es No			
	If "Yes," attach the statement re-	quired by Regulations section 53 4945-5(d)				_		l	
a		ear, receive any funds, directly or indirectly, to pa	av premiums					1	
	on a personal benefit contract?	,	-,			es X No			
ь	•	ear, pay premiums, directly or indirectly, on a pe	ersonal benefit	contract			6ь		K
_	If "Yes" to 6b, file Form 8870.	ran, pay promisino, anosity of manosity, on a po					_ <del>- , , ,</del>	·	<del> </del>
7a	•	was the foundation a party to a prohibited tax sh	helter transactu	on?		res X No			
b	•	e any proceeds or have any net income attributa				N/A	7b		+
•	ist an officers, unoctors, truste	ees, foundation managers and their compens	(b) Title, and	l average	(c) Compensation	(d) Contributions to employee benefit	(a) E)	mense :	
	(a) (	Name and address	hours per devoted to		(If not paid, enter -0-)	plans and deferred compensation	(e) Expense a other allows		
DE	RRILL S. MCATEER	BROOKSVILLE	DIRECTOR	3					
90	25 CITRUS WAY	FL 34601-8754	2.00		0	С	<u> </u>		
TH	OMAS S. HOGAN	BROOKSVILLE	CHAIRMAN	1					
22	331 POWELL RD	FL 34602-5705	2.00		0	C	Ψ—		
GA	IL SAMPLES	BROOKSVILLE	SECRETA	RY					
43	7 BELL AVE	FL 34601-2116	2.00		0	C	<u>↓</u>		
ST	EVE EMERSON	BROOKSVILLE	TREASURE	ER			1		
22	950 JACOBSON RD	FL 34601-4807	2.00		0	C	<u>, </u>		
2	Compensation of five highest If none, enter "NONE."	-paid employees (other than those included	on line 1—see	page 2	3 of the instructi	ons).			
	(a) Name and address of e	each employee paid more than \$50,000	(b) Title, and hours per devoted to	week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		rpense a er allowa	
NO	NE	-		·					
			<del> </del>	<u>-</u>			+		
		<u> </u>					<del> </del>		
		<u> </u>					<del> </del>		
							<u> </u>	<b></b>	
ota	number of other employees paid	over \$50,000							
						Fo	rm 99	U-PF	(20)

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Part VIII Information About Officers, Directors, Trustees, Four and Contractors (continued)	ndation Managers, Highly Paid Emplo	oyees,
3 Five highest-paid independent contractors for professional services (see page	e 23 of the instructions). If none, enter "NONF	E."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
-		
		<del></del>
Total number of others receiving over \$50,000 for professional services		<b>•</b>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistic organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ical information such as the number of	Expenses
1 N/A		
2		
3		
4		
Part IX-B   Summary of Program-Related Investments (see page 2)		
Describe the two largest program-related investments made by the foundation during the tax year on t	lines 1 and 2	Amount
1 N/A		
2		
All other program-related investments See page 24 of the instructions		<del>.,</del>
3		

Total. Add lines 1 through 3

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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6

Adjusted qualifying distributions. Subtract line 5 from line 4

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

Pa	art XIII Undistributed Income (see page 26 of the	<u>ne instructions)</u>			
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
	line 7				82,162
2	Undistributed income, if any, as of the end of 2009				
а	Enter amount for 2008 only			77,630	<u> </u>
b	Total for pnor years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2009				
а	From 2004				
b	From 2005				
С	From 2006				
d	From 2007				
е	From 2008				
f	Total of lines 3a through e		,		
4	Qualifying distributions for 2009 from Part XII,				
•	line 4 ▶ \$ 82,011				
_				77 630	
	Applied to 2008, but not more than line 2a			77,630	· · · · · · · · · · · · · · · · · · ·
D	Applied to undistributed income of prior years				
	(Election required—see page 26 of the instructions)		<del></del>		
С	Treated as distributions out of corpus (Election			-	
	required—see page 26 of the instructions)	· · · · · ·			<u> </u>
d	Applied to 2009 distributable amount				4,381
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2009				
	(If an amount appears in column (d), the same				
	amount must be shown in column (a) )				
6	Enter the net total of each column as		,		
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
	Prior years' undistributed income Subtract				
	line 4b from line 2b				
c	Enter the amount of prior years' undistributed				
_	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)	•			
	tax has been previously assessed				
_	· · · · · · · · · · · · · · · · · · ·			-	-
u	Subtract line 6c from line 6b Taxable				
	amount—see page 27 of the instructions				
е	Undistributed income for 2008 Subtract line				
	4a from line 2a Taxable amount—see page				
	27 of the instructions				
f	Undistributed income for 2009 Subtract lines				
	4d and 5 from line 1 This amount must be				
	distributed in 2010				77,781
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section		_ ,		
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
	instructions)				
8	Excess distributions carryover from 2004 not				
	applied on line 5 or line 7 (see page 27 of the				
	instructions)				
9	Excess distributions carryover to 2010.				
-	Subtract lines 7 and 8 from line 6a		,		
10	Analysis of line 9	<del></del>	<del></del>		
a	Excess from 2005				
b	Excess from 2006				
	Excess from 2007				
C					
d	Excess from 2008				
е	Excess from 2009				

a The name, address, and telephone number of the person to whom applications should be addressed N/A

ь	The form in which applications should be submitted and information and materials they should include
	N/A

c Any submission deadlines N/A

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

Part XV Supplementary Information (co 3 Grants and Contributions Paid During the		turo Boymont		
<del>-</del> -	If recipient is an individual,			<del></del>
Recipient	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year PHCC Foundation 10230 Ridge Road New Port Richey FL 34654-	Hea	lth Care Scho	larships	80,000
Total			<b>▶</b> 3a	80,000
b Approved for future payment N/A				
Total	······································		<b>▶</b> 3b	

(=30)		,		<del> </del>	1 490 12
Part XVI-A Analysis of Income-Prod		41	T constant	540 540 - 544	
Enter gross amounts unless otherwise indicated.		d business income	(c)	section 512, 513, or 514	(e) Related or exempt
4 December and the revenue	(a) Business code	(b) Amount	Exclusion code	(d) Amount	function income (See page 28 of the instructions)
1 Program service revenue a			+ +		the manachers y
b			† †		
с		-,			
d					
е					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments			1		-
3 Interest on savings and temporary cash investments	s		14	36,081	
4 Dividends and interest from securities			14	13,121	
5 Net rental income or (loss) from real estate			<del></del>		
a Debt-financed property b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than invent	torv		18	47,260	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b			1		
c			+-+		
d			<del>  -</del>		
е				06.460	
12 Subtotal Add columns (b), (d), and (e)			<u> </u>	96,462	96,462
13 Total. Add line 12, columns (b), (d), and (e)	eficacionisticas			13	90,402
(See worksheet in line 13 instructions on page 28 to ver Part XVI-B Relationship of Activities		ent of Exempt Pu	rnoses		
Line No. Explain below how each activity for w				importantly to the	
accomplishment of the foundation's e				· ·	he
N/A				<del></del>	
N/A	<del></del>				
	<del></del>				
		<del></del>			
				<del></del>	
	<del></del>			· · · · · · · · · · · · · · · · · · ·	
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					· · · · · · · · · · · · · · · · · · ·

P	III AVII	Exempt Organiza	_	nsters to and transac	dions and	u Relationship:	S AAITH HOI	nchant	able		
1	Did the ord			in any of the following with ar	ny other ora:	anization described				Yes	No
•		-		501(c)(3) organizations) or in	-						
	organizatio			i oo i(o)(o) o gamaanono, oi n		, ,					
а	-		tion to a non	chantable exempt organizatio	n of						
_	(1) Cash				•				1a(1)	1	x
	(2) Other	assets		•					1a(2)		X
ь	Other tran	•••		•			•				
	(1) Sales	of assets to a noncharital	ble exempt o	rganization					1b(1)		х
		ases of assets from a noi	•	-					1b(2)		X
	(3) Renta	l of facilities, equipment,	or other asse	ets					1b(3)		X
	(4) Reimb	oursement arrangements							1b(4)		X
	(5) Loans	or loan guarantees							1b(5)		X
	(6) Perfor	mance of services or me	mbership or i	fundraising solicitations					1b(6)		X
C	Sharing of	facilities, equipment, ma	iling lists, oth	er assets, or paid employees					1c		X
d	If the ansv	ver to any of the above is	"Yes," comp	lete the following schedule C	olumn (b) st	hould always show	the fair marke	et			
	value of th	e goods, other assets, or	services giv	en by the reporting foundation	If the found	dation received less	than fair ma	rket			
	value ın ar	ny transaction or sharing	arrangement	, show in column (d) the value	of the good	ds, other assets, or	services rece	eived			
	(a) Line no	(b) Amount involved	(c) Name	of nonchantable exempt organizati	on	(d) Description of tra	nsfers, transac	tions, and	sharing arrange	ments	
<u> </u>	<u> </u>										
						<del> </del>					
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				<del></del>							
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_		<u> </u>	L	<u></u>							
2a			-	nth, or related to, one or more		organizations			Пν	s X	1
				nan section 501(c)(3)) or in se	ction 5277				☐ 16	s <u>r</u>	J NO
<u>b</u>		omplete the following sch (a) Name of organization	edule	(b) Type of organization			) Description o	f rolations!			
	N/A	(a) Name of Organization		(b) Type of Organization		,,	, Description o	Telations	iip		
	11/22	<del></del>									
					<del></del>						
	Under nena	Ities of periury. I declare that	I have examine	ed this return, including accompany	vina schedules	s and statements and	to the hest of n	ny knowled	ne and		
	belief, it is to	rue, correct and complete D	eclaration of pr	eparer (other than taxpayer or fidu	ciary) is base	d on all information of	which preparer	has any kr	nowledge		
		MMMM		<u>                                   </u>	11/4/	10	- v=450	2046			
اره	Signate	ire of officer or trustee		Da	te /	Tit	le				
آ چ <u>َ</u>			-			Date	0		Preparer's identify		
בו	ا ہ	Preparer's		1 V. 1 00	4		Check if self-employed	ıъ⊓l	number (see Sig page 30 of the in:		
Sign Here		signature MU	lund	Lugu II		11/02/10	Jon Gripioyeu	· ⊔	P00538		
~	Pa epa Se (	Firm's name (or yours if	Oliver								
	ا ج ځ	self-employed), address,		th Broad Stree				EIN ▶	59-248		
		and ZIP code	Brook	sville, FL 34	601			Phone no	352-79	6-1	444
			<u></u>				_		Form 99	0-PF	(2009)

# HERN6094 Hernando Healthcare Foundation, Inc

# Federal Statements

59-2756094 FYE: 9/30/2010

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- Sale of
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Line 6a
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Form 990-PF, Part I.
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De	Description			How Received						
Whom Sold	Date Acquired	Date Sold		Sale Price	Cost	Expense	Depreciation	ciation	Gai	Net Gain / Loss
ALLIANCE 13848-14				Purchase						
	Various	Various	ጭ	200,296 \$	186,358 \$		\$		ψ.	13,938
LAZARD 13550-19				Purchase						
	Various	Various		84,929	79,252					5,677
LORD ABBETT 13847-15				Purchase						
	Various	Various		152,790	144,338					8,452
MADISON 13851-18				Purchase						
	Various	Various		249,222	239,320					9,902
KAYNE ANDERSON SMALL CAP 13849-13	CAP 13849	-13		Purchase						
	Various	Various		70,145	60,854					9,291
Total			₹O÷	757,382 \$	710,122 \$	0	৵	0	₩	47,260
		Statement 2 - For	2 - Fo	rm 990-PF, Part I, Line 16b - Accounting Fees	, Line 16b - Acc	ounting Fees			:	
					Net	Adju	Adjusted		Charitable	ple
Description		1		Total	Investment	Z	Net		Purpose	se
Indirect Accounting Fees	rees	₩.		1,940	\$	৵		₩	]	1,940
Total		‹		1,940	\$	\$	0	₩	1	1,940

	Charitable Purpose	v	\$
	Adjusted Net	w	\$
Statement 3 - Form 990-PF, Part I, Line 18 - Taxes	Net ivestment	580	580
0-PF, Part I,	Inve	₩	w
t 3 - Form 99	Total	580 819 820	2,219
Statemen		w	w
	Description	Foreign Taxes Withheld Prior Year Tax on Investment Inc Current Year Estimated Tax Payme	Total

HERN6094 Hernando Healthcare Foundation, Inc

59-2756094

**Federal Statements** 

FYE: 9/30/2010

Statement 5 - Form 990-PF, Part II, Line 10a - US and State Government Investments

<u>Description</u>						
		Beginning of Year	 End of Year	Basis of Valuation	_	Fair Market Value
	\$	351,878	\$ 395,597	Market	\$_	395,597
Total	\$_	351,878	\$ 395,597		\$_	395,597

### Statement 6 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description							
		Beginning of Year	_	End of Year	Basis of Valuation	_	Fair Market Value
	\$_	688,045	\$_	717,099	Market	\$_	717,099
Total	\$	688,045	\$_	717,099		\$_	717,099

### Statement 7 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments

Description							
	_	Beginning of Year	_	End of Year	Basis of Valuation	_	Fair Market Value
	\$_	468,427	\$_	459,037	Market	\$_	459,037
Total	\$_	468,427	\$_	459,037		\$_	459,037

### Statement 8 - Form 990-PF, Part III, Line 3 - Other Increases

		Description			 Amoı	unt
Unrealized C	hange i	n Investment	Market	Values	\$	1,951
Total '					\$	1,951

11/2/2010

# Form 990-PF Return Summary

For calendar year 2009, or tax year beginning

10/01/09

, and ending 09/30/10

59-2756094

## Hernando Healthcare Foundation, Inc

Inv	vestment l	ncome							
	Interest				3	<u>6,081</u>			
	Dividend	s			1.	3,121			
	Gross re	nts			•				
	Capital g	ain net income							
	Other inc	ome							
	Tota	l investment inc	ome				49,202		
Ex	penses								
	-	ompensation							
		/ employee benef	ts			<del></del>			
	Other ex				1	6,052			
		l expenses				<del></del>	16,052		
		Vet investment i	ocomo					3	3,150
Ta	xes / Cred		icome						<del>5 / 15 0</del>
10	Regular					332			
	Section 5				<del></del>	<u> </u>			
	Subtitle A				· · · · ·				
						<del></del>	332		
D-	Tota		-4!						
Pa		Penalties / Applic	ation			820			
		d tax payments				820			
	Tax withl	-							
	Other pa								
		d tax penalty				400			
		ment applied to ne				488	222		
		nents / penalty /	application	n			332		0
		Net tax due							0
		te payments							
	alure to file								
Fa	ulure to pay								
	Addition	s to tax							
	Bala	nce due							
	Refu	ind						<del></del>	
	Reven	ue / Expenses p	er Books	Adjus	ted Net Incom	θ			
Total contribution	utions								
Interest			081		36,08		Next	Year's Estimat	tes
Dividends		13,	121		13,12	<u>1</u>	1st quarter		
Capital gains	/losses	47,	260	-		_	2nd quarter		
Income mode	fications					_	3rd quarter		<del></del>
Sale of inven	itory					<u></u>	4th quarter		
Other income	e					<del></del>	Total		
Total rev	venue	96,	462		49,20	2			
Total expens	_	99,	702			_			
Excess	-	-3,	240			_	Miscellaneou	s Information	
						=	Amended return		
			Balanc	e Sheet			Return / extended due d	ate 02/	$15/1\overline{1}$
	Beai	nning		ding		Differences			
Assets		661,404		66O,	115				
Liabilities									
Net assets	1.0	661,404	1.	660,	115	-1,	289		
::: =::::::::::::::::::::::::::::::::::							<del>==</del>		
							<del></del>		