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Form 990

## Return of Organization Exempt From Income Tax

2011

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

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

Open to Public Inspection

## A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable	C Name of organization UNIVERSITY COMMUNITY HOSPITAL FOUNDATION INC	D Employer identification number 59-2554889
<input type="checkbox"/> Address change	Doing Business As FLORIDA HOSPITAL TAMPA FOUNDATION CORPORATION	E Telephone number (813) 971-6000
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address) 3100 EAST FLETCHER AVENUE	G Gross receipts \$ 19,093,133
<input type="checkbox"/> Initial return	Room/suite	
<input type="checkbox"/> Terminated		
<input checked="" type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		
	F Name and address of principal officer KURT STONESIFER MD 3100 EAST FLETCHER AVENUE TAMPA, FL 336134688	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
		H(c) Group exemption number ►

I Tax-exempt status  501(c)(3)  501(c) ( ) (insert no)  4947(a)(1) or  527

J Website: ► WWW ELEVATINGHEALTHCARE.ORG/LOCATIONS/TAMPA

K Form of organization  Corporation  Trust  Association  Other ► L Year of formation 1985 M State of legal domicile FL

## Part I Summary

1 Briefly describe the organization's mission or most significant activities FUNDRAISING FOR THE NEEDS OF UNIVERSITY COMMUNITY HOSPITAL, INC		
2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets		
3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	26
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	25
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .	5	0
6 Total number of volunteers (estimate if necessary) . . . . .	6	41
7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	0
b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	0
8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g) . . . . .	168,337	463,772
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	0	0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	166,415	779,693
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	-31,782	127,073
	302,970	1,370,538
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	0	18,507
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	75,606	293,776
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	3,381	18,450
b Total fundraising expenses (Part IX, column (D), line 25) ► 240,923		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	29,520	705,467
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	108,507	1,036,200
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	194,463	334,338
20 Total assets (Part X, line 16) . . . . .	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26) . . . . .	21,143,353	19,658,906
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	1,125,662	301,058
	20,017,691	19,357,848

## Part II Signature Block

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 KURT STONESIFER MD TREASURER Type or print name and title	2013-02-20 Date		
Paid Preparer's Use Only	Preparer's signature ► BRIAN L LEIDEL CPA	Date	Check if self-employed ►	Preparer's taxpayer identification number (see instructions) P00744904
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► SKODA MINOTTI & CO 4301 ANCHOR PLAZA PARKWAY SUITE 140 TAMPA, FL 33634			EIN ► 34-1945206
				Phone no ► (813) 288-8826

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .  Yes  No

### **Part III Statement of Program Service Accomplishments**

**Statement of Program Service Accomplishments**  
Check if Schedule Q contains a response to any question in this Part III

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**1** Briefly describe the organization's mission

## FUNDRAISING AND VOLUNTEER ACTIVITY FOR SUPPORTED TAX-EXEMPT HOSPITAL

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule C

**3** Did the organization cease conducting, or make significant changes in how it conducts, any programs or services?

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code ) (Expenses \$ 563,761 including grants of \$ ) (Revenue \$ )  
THE PRIMARY EXEMPT PURPOSE OF UNIVERSITY COMMUNITY HOSPITAL FOUNDATION, INC (THE FOUNDATION) IS TO CONDUCT FUNDRAISING ON BEHALF OF UNIVERSITY COMMUNITY HOSPITAL, INC, AN IRC SECTION 501(C)(3) ORGANIZATION

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$

4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$

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4c. Total program service expenses† 563,761

**Part IV Checklist of Required Schedules**

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.
- 2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?
- 3 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.
- 4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.
- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.
- 9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.
- 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.
- 11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.
- b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.
- c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.
- d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.
- f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI.
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.
- b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II and IV.
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Part III and IV.
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.
- 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H.
- b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements.

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		No
6		No
7		No
8		No
9		No
10	Yes	
11a	Yes	
11b		No
11c		No
11d		No
11e	Yes	
11f	Yes	
12a	Yes	
12b		No
13		No
14a		No
14b		No
15		No
16		No
17	Yes	
18	Yes	
19		No
20a		No
20b		

**Part IV Checklist of Required Schedules (continued)**

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<input checked="" type="checkbox"/>	22	No	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	<input checked="" type="checkbox"/>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25		24a	No	
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		24c		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a	No	
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		25b	No	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		26	No	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		27	No	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		28a	No	
28b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28b	No	
28c	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28c	No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29	No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		30	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31	No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		32	No	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	<input checked="" type="checkbox"/>	33	No	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	<input checked="" type="checkbox"/>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?		35a	No	
35b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>	35b	No	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>	36	No	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	<input checked="" type="checkbox"/>	37	No	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O		38	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b>	0
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	0
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>	
<b>4a</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 or securities account)?	<b>4a</b>	No
<b>b</b>	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<b>6a</b>	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	<b>7a</b>	Yes
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7b</b>	Yes
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7c</b>	No
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7d</b>	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7e</b>	No
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7f</b>	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7g</b>	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7h</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>8</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>9a</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	<b>9b</b>	
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter	<b>10a</b>	
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10b</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter	<b>11a</b>	
<b>a</b>	Gross income from members or shareholders	<b>11b</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12b</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	<b>13a</b>	
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	<b>13b</b>	
<b>b</b>	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13c</b>	
<b>c</b>	Enter the aggregate amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14b</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

### Section A. Governing Body and Management

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .	<b>1a</b>	26	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>1b</b>	25	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>	No	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>	No	
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>	Yes	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>	No	
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>	No	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
<b>a</b> The governing body? . . . . .	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>9</b>	No	

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>	No	
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	Yes	
<b>b</b> Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	<b>12c</b>	Yes	
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	<b>13</b>	Yes	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	Yes	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	No	
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b>	No	
If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	No	
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>		

### Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed  FL
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply  
 Own website  Another's website  Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►  
 JAYNE KLOSS  
 3100 EAST FLETCHER AVE  
 TAMPA, FL 336134688  
 (813) 971-6000

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

 Check if Schedule O contains a response to any question in this Part VII 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or Director	Individual trustee	Institutional Trustee	Officer	Key Employee			
(1) DARBRA ADAIR BOARD MEMBER	1 00	X					0	0	0
(2) JOANNE ANGEL BOARD MEMBER	1 00	X					0	0	0
(3) ELENA AZZARELLI VICE CHAIRMAN	1 00	X		X			0	0	0
(4) ANTHONY BARKETT BOARD MEMBER	1 00	X					0	0	0
(5) CHARLES BECKENSTEIN MD BOARD MEMBER	1 00	X					0	0	0
(6) LISA CAMPBELL BOARD MEMBER	1 00	X					0	0	0
(7) SUMESH CHANDRA MD BOARD MEMBER	1 00	X					0	0	0
(8) GINA GARCIA DONOVAN BOARD MEMBER	1 00	X					0	0	0
(9) ANGIE FERLITA BOARD MEMBER	1 00	X					0	0	0
(10) JACK GILLIS BOARD MEMBER	1 00	X					0	0	0
(11) ROGER JOYCE BOARD MEMBER	1 00	X					0	0	0
(12) CHRIS KOCK BOARD MEMBER	1 00	X					0	0	0
(13) ANDRE LANDREVILLE MD BOARD MEMBER	1 00	X					0	0	0
(14) STEVE LAY MD BOARD MEMBER	1 00	X					0	0	0
(15) APRIL MCDONALD BOARD MEMBER	1 00	X					0	0	0
(16) MARILYN MCPHAIL BOARD MEMBER	1 00	X					0	0	0
(17) FRED MEYER BOARD MEMBER	1 00	X					0	0	0

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O )	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
(18) JULIE MOORE BOARD MEMBER	1 00	X					0	0	0
(19) BRENDAN C O'MALLEY MD EXECUTIVE CHAIR	1 00	X		X			0	277,509	23,057
(20) JASON ROMANO BOARD MEMBER	1 00	X					0	0	0
(21) SEBRING SIERRA BOARD MEMBER	1 00	X					0	0	0
(22) DINA SIERRA SMITH BOARD MEMBER	1 00	X					0	0	0
(23) KURT STONESIFER MD TREASURER	1 00	X		X			0	0	0
(24) TODD TAYLOR BOARD MEMBER	1 00	X					0	0	0
(25) GARY WILLIAMS BOARD MEMBER	1 00	X					0	0	0
(26) JJ ZWIRN BOARD MEMBER	1 00	X					0	0	0
(27) JOANNE SULLIVAN EXECUTIVE DIRECTOR	40 00			X			0	126,891	5,653
<b>1b Sub-Total . . . . .</b>									
<b>c Total from continuation sheets to Part VII, Section A . . . . .</b>									
<b>d Total (add lines 1b and 1c) . . . . .</b>							0	404,400	28,710

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►0

		Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .	<b>3</b>		No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .	<b>4</b>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .	<b>5</b>		No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0		

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	23,051			
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	440,721			
	<b>g</b> Noncash contributions included in lines 1a-1f \$					
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		463,772			
Program Service Revenue		Business Code				
	<b>2a</b>					
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .					
Other Revenue	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .					
			256,654		256,654	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents	(I) Real	(II) Personal			
	<b>b</b> Less rental expenses					
	<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss) . . . . .					
Other Revenue	<b>7a</b> Gross amount from sales of assets other than inventory	(I) Securities	(II) Other			
		18,100,457				
	<b>b</b> Less cost or other basis and sales expenses	17,577,418				
	<b>c</b> Gain or (loss)	523,039				
	<b>d</b> Net gain or (loss) . . . . .			523,039	523,039	
	<b>8a</b> Gross income from fundraising events (not including \$ 23,051 of contributions reported on line 1c) See Part IV, line 18 . . . . .					
	<b>a</b>	272,250				
	<b>b</b> Less direct expenses . . . . .	<b>b</b> 145,177				
<b>c</b> Net income or (loss) from fundraising events . . . . .		127,073		127,073		
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .						
<b>a</b>						
<b>b</b> Less direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .						
<b>a</b>						
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue	Business Code					
<b>11a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue . . . . .						
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .						
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		1,370,538	0	0	906,766	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	18,507	18,507		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees . . . . .				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7 Other salaries and wages	261,656	13,083	65,415	183,158
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .				
9 Other employee benefits . . . . .	32,120	1,606	8,030	22,484
10 Payroll taxes . . . . .				
11 Fees for services (non-employees)				
a Management . . . . .				
b Legal . . . . .				
c Accounting . . . . .				
d Lobbying . . . . .				
e Professional fundraising See Part IV, line 17 . . .	18,450			18,450
f Investment management fees . . . . .				
g Other . . . . .	81,133		80,989	144
12 Advertising and promotion . . . . .	7,513			7,513
13 Office expenses . . . . .	1,071		107	964
14 Information technology . . . . .				
15 Royalties . . . . .				
16 Occupancy . . . . .	60,734		60,734	
17 Travel . . . . .				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .	13,070		6,724	6,346
20 Interest . . . . .				
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .	983		983	
23 Insurance . . . . .				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a PROGRAM EXPENSE	530,555	530,555		
b OTHER EXPENSE	6,957	10	5,083	1,864
c LICENSES AND TAXES	2,315		2,315	
d BAD DEBT EXPENSE	1,136		1,136	
e				
f All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24f	1,036,200	563,761	231,516	240,923
<b>26 Joint costs.</b> Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
Assets	<b>1</b> Cash—non-interest-bearing . . . . .	1,238,046	<b>1</b> 2,907,379
	<b>2</b> Savings and temporary cash investments . . . . .	2	
	<b>3</b> Pledges and grants receivable, net . . . . .	2,269,990	<b>3</b> 2,199,147
	<b>4</b> Accounts receivable, net . . . . .	4	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	5	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .	6	
	<b>7</b> Notes and loans receivable, net . . . . .	7	
	<b>8</b> Inventories for sale or use . . . . .	8	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	4,412	<b>9</b> 9,097
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	61,000
	<b>b</b> Less accumulated depreciation . . . . .	10b	56,959
		5,024	<b>10c</b> 4,041
	<b>11</b> Investments—publicly traded securities . . . . .	17,455,356	<b>11</b> 14,155,443
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	12	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	13	
	<b>14</b> Intangible assets . . . . .	14	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	170,525	<b>15</b> 383,799
	<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	21,143,353	<b>16</b> 19,658,906
Liabilities	<b>17</b> Accounts payable and accrued expenses . . . . .	17	
	<b>18</b> Grants payable . . . . .	18	
	<b>19</b> Deferred revenue . . . . .	19	
	<b>20</b> Tax-exempt bond liabilities . . . . .	20	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	21	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	22	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	23	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	24	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .	1,125,662	<b>25</b> 301,058
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	1,125,662	<b>26</b> 301,058
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	<b>27</b> Unrestricted net assets . . . . .	5,354,791	<b>27</b> 3,151,680
	<b>28</b> Temporarily restricted net assets . . . . .	14,338,951	<b>28</b> 15,741,143
	<b>29</b> Permanently restricted net assets . . . . .	323,949	<b>29</b> 465,025
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	30	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .	31	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	32	
	<b>33</b> Total net assets or fund balances . . . . .	20,017,691	<b>33</b> 19,357,848
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	21,143,353	<b>34</b> 19,658,906

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,370,538
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,036,200
3	Revenue less expenses Subtract line 2 from line 1	3	334,338
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,017,691
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-994,181
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	19,357,848

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	<input type="checkbox"/>	<input checked="" type="checkbox"/> No
2b Were the organization's financial statements audited by an independent accountant?	<input checked="" type="checkbox"/> Yes	
2c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	<input type="checkbox"/>	
2d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both	<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<input type="checkbox"/>	<input checked="" type="checkbox"/> No
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<input type="checkbox"/>	

**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support****2011****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Name of the organization  
UNIVERSITY COMMUNITY HOSPITAL FOUNDATION INC

Employer identification number

59-2554889

**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 (For lines 1 through 11, check only one box)

- 1  A church, convention of churches, or association of churches **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)**.
- 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)**.
- 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
- 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 supported organization(s)

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

(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	
(A) UNIVERSITY COMMUNITY HOSPITAL INC	591113901	3	Yes		Yes		Yes		18,507
<b>Total</b>									18,507

**Part II Support Schedule for Organizations Described in IRC 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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 <b>Total.</b> Add lines 1 through 3						
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 <b>Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 <b>Total support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** 

**Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a <b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization 	
b <b>33 1/3% support test—2010.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization 	
17a <b>10%-facts-and-circumstances test—2011.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 	
b <b>10%-facts-and-circumstances test—2010.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 	
18 <b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions 	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 <b>First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						

**Section C. Computation of Public Support Percentage**

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2010 Schedule A, Part III, line 15	16

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18
19a <b>33 1/3% support tests—2011.</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 <b>stop here</b> . The organization qualifies as a publicly supported organization	
b <b>33 1/3% support tests—2010.</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 <b>stop here</b> . 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.** 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. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

**Explanation**

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**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements****2011****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b  
 ► Attach to Form 990. ► See separate instructions.

**Name of the organization**

UNIVERSITY COMMUNITY HOSPITAL FOUNDATION INC

**Employer identification number**

59-2554889

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically importantly land area
- Protection of natural habitat  Preservation of a certified historic structure
- Preservation of open space

- 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_\_\_\_\_

- 4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

- 6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► \_\_\_\_\_

- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

► \$ \_\_\_\_\_

- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  Yes  No

- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- |   |   |
|---|---|
| <b>a</b> <input type="checkbox"/> Public exhibition                   | <b>d</b> <input type="checkbox"/> Loan or exchange programs |
| <b>b</b> <input type="checkbox"/> Scholarly research                  | <b>e</b> <input type="checkbox"/> Other                     |
| <b>c</b> <input type="checkbox"/> Preservation for future generations |   |

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table

	<b>Amount</b>
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	<b>(a) Current Year</b>	<b>(b) Prior Year</b>	<b>(c) Two Years Back</b>	<b>(d) Three Years Back</b>	<b>(e) Four Years Back</b>
<b>1a</b> Beginning of year balance . . . . .	16,247,486	5,242,118	7,117,631	9,242,470	
<b>b</b> Contributions . . . . .	561,793	10,131,589	2,259,714	782,983	
<b>c</b> Investment earnings or losses . . . . .	59,341	32,188	-144,735	14,366	
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	662,452	-892,786	3,990,492	2,922,188	
<b>f</b> Administrative expenses . . . . .		51,195			
<b>g</b> End of year balance . . . . .	16,206,168	16,247,486	5,242,118	7,117,631	

2 Provide the estimated percentage of the year end balance held as

**a** Board designated or quasi-endowment ►

**b** Permanent endowment ► 2 870 %

**c** Term endowment ► 97 130 %

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	<b>Yes</b>	<b>No</b>
<b>3a(i)</b>		
<b>3a(ii)</b>		

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

	<b>Description of property</b>	<b>(a) Cost or other basis (investment)</b>	<b>(b) Cost or other basis (other)</b>	<b>(c) Accumulated depreciation</b>	<b>(d) Book value</b>
<b>1a</b> Land . . . . .					
<b>b</b> Buildings . . . . .					
<b>c</b> Leasehold improvements . . . . .					
<b>d</b> Equipment . . . . .	61,000		56,959	4,041	
<b>e</b> Other . . . . .					
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				4,041	

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12.) ►		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13.) ►		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.) . . . . . ►	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount	
Federal Income Taxes		
DUE TO AFFILIATED	137,296	
CHARITABLE GIFT ANNUITY OBLIGATIONS	163,762	
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25) ►	301,058	

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,370,538
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,036,200
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	334,338
4	Net unrealized gains (losses) on investments	4	-994,181
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-994,181
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-659,843

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	871,127
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	135,105
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	135,105
3	Subtract line 2e from line 1	3	736,022
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	634,516
c	Add lines 4a and 4b	4c	634,516
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 )	5	1,370,538

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	1,181,377
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	1,181,377
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-145,177
c	Add lines 4a and 4b	4c	-145,177
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 )	5	1,036,200

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	UNIVERSITY COMMUNITY HOSPITAL FOUNDATION, INC (UCHF), IS A SUPPORTING ORGANIZATION OF UNIVERSITY COMMUNITY HOSPITAL, INC (UCH), A RELATED TAX-EXEMPT HOSPITAL THAT IS ALSO EXEMPT UNDER IRC SECTION 501(C)(3) UCHF ENDOWMENT CONSISTS OF INDIVIDUAL DONOR RESTRICTED ENDOWMENT FUNDS AND PLEDGES RECEIVABLE WHERE THE ASSETS HAVE BEEN DESIGNATED FOR ENDOWMENT ESTABLISHED TO SUPPORT VARIOUS PURPOSES BENEFITING THE HOSPITAL AND ITS PATIENTS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND FROM STATE CORPORATE INCOME TAX UNDER APPLICABLE FLORIDA STATUTES. THE INTERNAL REVENUE CODE PROVIDES FOR TAXATION OF UNRELATED BUSINESS INCOME UNDER CERTAIN CIRCUMSTANCES. THE FOUNDATION HAS NO UNRELATED BUSINESS INCOME, HOWEVER, SUCH STATUS IS SUBJECT TO FINAL DETERMINATION UPON EXAMINATION OF THE RELATED INCOME TAX RETURNS BY THE APPROPRIATE TAXING AUTHORITIES
PART XII, LINE 4B - OTHER ADJUSTMENTS		INTEREST INCOME 256,654 DIRECT FUNDRAISING EXPENSES -145,177 REALIZED GAINS AND LOSSES 523,039
PART XIII, LINE 4B - OTHER ADJUSTMENTS		DIRECT FUNDRAISING EXPENSES -145,177

2011

Open to Public  
InspectionSCHEDULE G  
(Form 990 or 990-EZ)Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNIVERSITY COMMUNITY HOSPITAL FOUNDATION INC

Employer identification number

59-2554889

**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 <input type="checkbox"/> Mail solicitations                | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and e-mail solicitations | f <input type="checkbox"/> Solicitation of government grants     |
| c <input type="checkbox"/> Phone solicitations               | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations           |  |

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?

 Yes  No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
E PAUL DIETRICH & ASSOCIATES 9056 WEATHERLY ROAD BROOKSVILLE, FL 34601	PROFESSIONAL FUNDRAISING CONSULTANT		No	295,301	18,450	276,851
<b>Total . . . . .</b>				295,301	18,450	276,851

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

FL

**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 <u>PEPIN SIGNATURE EVENT</u> (event type)	(b) Event #2 <u>TRAVIS STORK</u> (event type)	(c) Other Events <u>3</u> (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts . . .	99,134	87,712	108,455	295,301
	2 Less Charitable contributions . . .	7,450	4,100	11,501	23,051
	3 Gross income (line 1 minus line 2) . . .	91,684	83,612	96,954	272,250
Direct Expenses	4 Cash prizes . . .				
	5 Non-cash prizes . . .				
	6 Rent/facility costs . . .				
	7 Food and beverages . . .				
	8 Entertainment . . .				
	9 Other direct expenses . . .	31,897	73,471	39,809	145,177
	10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .				( 145,177 )
	11 Net income summary Combine lines 3 and 10 in column (d) . . . . .				127,073

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue . . .				
Direct Expenses	2 Cash prizes . . . .				
	3 Non-cash prizes . . . .				
	4 Rent/facility costs . . . .				
	5 Other direct expenses . . . .				
	6 Volunteer labor . . . .	<input type="checkbox"/> Yes . . . . <input type="checkbox"/> No	<input type="checkbox"/> Yes . . . . <input type="checkbox"/> No	<input type="checkbox"/> Yes . . . . <input 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? . . . . .  Yes  No

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

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

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

- 11** Does the organization operate gaming activities with nonmembers?  Yes  No
- 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?  Yes  No
- 13** Indicate the percentage of gaming activity operated in
- |     |
|-----|
| 13a |
| 13b |
- a** The organization's facility . . . . .
- b** An outside facility . . . . .
- 14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- 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?  Yes  No
- 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 ► \$ \_\_\_\_\_

**Part IV** Complete this part to provide additional information for responses to questions on Schedule G (see instructions.)

Identifier

ReturnReference

Explanation

## Schedule I (Form 990)

## **Grants and Other Assistance to Organizations, Governments and Individuals in the United States**

**Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22**

► Attach to Form 990

2011

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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Name of the organization

UNIVERSITY COMMUNITY HOSPITAL FOUNDATION INC

**Employer identification number**

59-2554889

## **Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I, line 1 (Form 990), if additional space is needed.

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

**2011****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
**► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.**  
**► Attach to Form 990. ► See separate instructions.**

**Name of the organization**

UNIVERSITY COMMUNITY HOSPITAL FOUNDATION INC

**Employer identification number**

59-2554889

**Part I Questions Regarding Compensation**

Yes No

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?  
 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**a** The organization?

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**a** The organization?

**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	PART III	PART I, QUESTION 3 THE INDIVIDUAL WHO SERVES AS THE EXECUTIVE DIRECTOR OF THE FILING ORGANIZATION IS COMPENSATED BY UNIVERSITY COMMUNITY HOSPITAL, INC (UCH) (THE SUPPORTED HOSPITAL) FOR THAT INDIVIDUAL'S ROLE IN SERVING AS THE EXECUTIVE DIRECTOR COMPENSATION AND BENEFITS PROVIDED TO THIS INDIVIDUAL ARE DETERMINED PURSUANT TO POLICIES, PROCEDURES, AND PROCESSES OF UCH THAT ARE DESIGNED TO ENSURE THAT ALL EMPLOYEES SERVING IN MANAGEMENT ROLES ARE PROVIDED WITH COMPENSATION REFLECTIVE OF FAIR MARKET VALUE GIVEN THEIR ROLES AND RESPONSIBILITIES UCH USES THE FOLLOWING TO ESTABLISH COMPENSATION OF THE EXECUTIVE DIRECTOR - COMPENSATION SURVEY OR STUDY

2011

Open to Public  
Inspection**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990 or 990-EZ.

Name of the organization  
UNIVERSITY COMMUNITY HOSPITAL FOUNDATION INC

Employer identification number

59-2554889

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	THE FOUNDATION AMENDED THEIR BY LAWS ARTICLE IV, SECTION 5, SUBSECTION (D) WAS AMENDED TO INCLUDE ANY EX-OFFICO TRUSTEE UNDER THE SAME PROVISIONS APPLIED TO ELECTED OR APPOINTED TRUSTEES ARTICLE IV, SECTION 5, SUBSECTION (E) WAS ADDED TO DEFINE THE ROLE OF NON-VOTING EX-OFFICIO TRUSTEES
	FORM 990, PART VI, SECTION A, LINE 7A	TRUSTEES ARE NOMINATED BY THE FILING ORGANIZATION'S BOARD OF TRUSTEES THE REGULAR DIRECTORS OF THE BOARD OF DIRECTORS OF UNIVERSITY COMMUNITY HOSPITAL, INC THEN FINALIZE AND VOTE TO APPROVE THE TRUSTEES
	FORM 990, PART VI, SECTION A, LINE 7B	AS DISCUSSED IN OUR RESPONSE TO 7A, THE FILING ORGANIZATION'S BOARD OF TRUSTEES ARE ELECTED BY THE UNIVERSITY COMMUNITY HOSPITAL, INC REGULAR BOARD OF DIRECTORS
	FORM 990, PART VI, SECTION B, LINE 11	THE FILING ORGANIZATION'S CURRENT YEAR FORM 990 WAS REVIEWED BY THE EXECUTIVE DIRECTOR AND THE BOARD CHAIRMAN OF THE FILING ORGANIZATION, PRIOR TO ITS FILING WITH THE IRS THE REVIEW CONDUCTED BY THE EXECUTIVE DIRECTOR AND BOARD CHAIRMAN DID NOT INCLUDE THE REVIEW OF ANY SUPPORTING WORKPAPERS THAT WERE USED IN PREPARATION OF THE CURRENT YEAR FORM 990, BUT DID INCLUDE A REVIEW OF THE ENTIRE FORM 990 AND ALL SUPPORTING SCHEDULES
	FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY OF THE ORGANIZATION APPLIES TO MEMBERS OF ITS BOARD OF TRUSTEES AND ITS PRINCIPAL OFFICERS, (TO BE KNOWN AS AFFILIATED PERSONS) IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTERESTS, ANY MEMBER OF THE BOARD OF TRUSTEES OF THE FILING ORGANIZATION OR ANY PRINCIPAL OFFICER OF THE FILING ORGANIZATION (I E AFFILIATED PERSONS) MUST DISCLOSE THE EXISTENCE OF ANY FINANCIAL INTEREST WITH THE FILING ORGANIZATION AND MUST BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS CONCERNING THE FINANCIAL INTEREST/ARRANGEMENT TO THE BOARD OF TRUSTEES OF THE FILING ORGANIZATION OR TO ANY MEMBERS OF A COMMITTEE WITH BOARD DELEGATED POWERS THAT IS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT SUBSEQUENT TO ANY DISCLOSURE OF ANY FINANCIAL INTEREST/ARRANGEMENT AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE RELEVANT AFFILIATED PERSON, THE REMAINING MEMBERS OF THE BOARD OF TRUSTEES OR COMMITTEE WITH BOARD DELEGATED POWERS SHALL DISCUSS, ANALYZE, AND VOTE UPON THE POTENTIAL FINANCIAL INTEREST/ARRANGEMENT TO DETERMINE IF A CONFLICT OF INTEREST EXISTS ACCORDING TO THE FILING ORGANIZATION'S CONFLICT OF INTEREST POLICY, AN AFFILIATED PERSON MAY MAKE A PRESENTATION TO THE BOARD OF TRUSTEES (OR COMMITTEE WITH BOARD DELEGATED POWERS), BUT AFTER SUCH PRESENTATION, SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULTS IN A CONFLICT OF INTEREST EACH AFFILIATED PERSON, AS DEFINED UNDER THE FILING ORGANIZATION'S CONFLICT OF INTEREST POLICY, SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICT OF INTERESTS POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, UNDERSTANDS THE POLICY APPLIES TO COMMITTEES AND SUBCOMMITTEES, AND UNDERSTANDS THAT THE FILING ORGANIZATION IS A CHARITABLE ORGANIZATION THAT MUST PRIMARILY ENGAGE IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS EXEMPT PURPOSES THE FILING ORGANIZATION'S CONFLICT OF INTEREST POLICY ALSO REQUIRES THAT PERIODIC REVIEWS SHALL BE CONDUCTED TO ENSURE THAT THE FILING ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH ITS CHARITABLE PURPOSES
	FORM 990, PART VI, SECTION C, LINE 19	A COPY OF THE FILING ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND/OR FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -994,181
	FORM 990, SECTION B, AMENDED RETURN	PART VII OF THE FORM 990 - JOANNE SULLIVAN'S HOURS CHANGED TO 40 HOURS PER WEEK PART VIII, LINE 3 AND LINE 7(D) - CHANGED TO COLUMN (D) FROM COLUMN (B) PART VIII, LINE 1F - TOTAL AMOUNT INCLUDED UNREALIZED GAIN ON SPLIT-INTEREST AGREEMENT OF \$135,105 THIS AMOUNT HAS BEEN TAKEN OUT OF LINE 1F AND HAS BEEN ADDED TO SCHEDULE D, PART XII, LINE 2A PART IX, STATEMENT OF FUNCTIONAL EXPENSES, LINE 1 \$18,507 OF THE AMOUNT REFLECTED ON LINE 24A PROGRAM EXPENSES HAS BEEN MOVED TO LINE 1 TO REFLECT THE AMOUNTS REPORTED ON SCHEDULE I PART IX, STATEMENT OF FUNCTIONAL EXPENSES, LINE 11E - \$18,450 OF OTHER PROFESSIONAL FEES REFLECTED ON LINE 11F HAS BEEN MOVED TO LINE 11E TO REFLECT THE AMOUNTS REPORTED ON SCHEDULE G SCHEDULE G, PART I, LINE 3 - ADDED FLORIDA SCHEDULE I, PART II, COLUMN (C) - CORRECTED TO 501(C)(3) SCHEDULE I, PART II, LINE 3 - CORRECTED TO 0 SCHEDULE J, PART III - ADDED EXPLANATION FOR SCHEDULE J, PART I, QUESTION 3 SCHEDULE R - UPDATED SCHEDULE R TO REFLECT ALL RELATED PARTNERSHIPS, TAX-EXEMPT ENTITIES AND CORPORATIONS PART VIII, STATEMENT OF REVENUE, LINE 1C - \$23,051 OF CONTRIBUTIONS FROM FUNDRAISING EVENTS REFLECTED ON LINE 8A HAS BEEN MOVED TO LINE 1C THIS AMOUNT IS NOW REFLECTED IN LINE 8A AS FUNDRAISING CONTRIBUTIONS NOT INCLUDED IN FUNDRAISING INCOME PART V, LINE 7C, 7E AND 7F - LINE 7C HAS BEEN CHANGED TO "NO" BECAUSE THE ENTITY DID NOT SELL ANY TANGIBLE PERSONAL PROPERTY DURING TAX YEAR 2011 LINE 7E AND 7F HAVE ALSO BEEN CHANGED FROM "BLANK"(NO ANSWER) TO "NO"

## **SCHEDULE R (Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

UNIVERSITY COMMUNITY HOSPITAL FOUNDATION INC.

**Employer identification number**

59-2554889

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)
- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses
- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k		No
1l		No
1m		No
1n		No
1o	Yes	
1p		No
1q		No
1r		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) UNIVERSITY COMMUNITY HOSPITAL INC	O	156,480	COST
(2) UNIVERSITY COMMUNITY HOSPITAL INC	B	18,507	COST
(3) UNIVERSITY COMMUNITY HOSPITAL INC	J	60,734	IN-KIND FMV
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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**Software ID:**  
**Software Version:**  
**EIN:** 59-2554889  
**Name:** UNIVERSITY COMMUNITY HOSPITAL FOUNDATION INC

## Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization
ADVENTIST BOLINGBROOK HOSPITAL 500 REMINGTON BLVD BOLINGBROOK, IL 60440 65-1219504	OPERATION OF HOSPITAL & RELATED SERVICES	IL	501(C) (3)	170(B)(1) (A)(III)	ADVENTIST HLTH SYSTEMSUNBELT INC	No
ADVENTIST CARE CENTERS - COURTLAND INC 730 COURTLAND STREET ORLANDO, FL 32804 20-5774723	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	FL	501(C) (3)	509(A)(2)	SUNBELT HLTH CARE CENTERS INC	No
ADVENTIST GLENOAKS HOSPITAL 701 WINTHROP AVENUE GLENDALE HEIGHTS, IL 60139 36-3208390	OPERATION OF HOSPITAL & RELATED SERVICES	IL	501(C) (3)	170(B)(1) (A)(III)	ADVENTIST HLTH SYSTEMSUNBELT INC	No
ADVENTIST HLTH MID-AMERICA INC 9100 W 74TH STREET SHAWNEE MISSION, KS 66204 52-1347407	HLTHCARE RELATED SERVICES	KS	501(C) (3)	509(A)(3) TYPE I	ADVENTIST HLTH SYSTEMSUNBELT INC	No
ADVENTIST HLTH PARTNERS INC 1000 REMINGTON BLVD STE 200 BOLINGBROOK, IL 60440 36-4138353	OPERATE OUT-PATIENT PHYSICIAN CLINICS	IL	501(C) (3)	170(B)(1) (A)(III)	AHS MIDWEST MANAGEMENT INC	No
ADVENTIST HLTH SYSTEM AFFILIATED BENEFIT TRUST 111 N ORLANDO AVENUE WINTER PARK, FL 32789 26-6422966	PROMOTION OF HLTHCARE	FL	501(C) (3)	509(A)(3) TYPE I	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	No
ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP 111 N ORLANDO AVENUE WINTER PARK, FL 32789 59-2170012	MANAGEMENT SERVICES	FL	501(C) (3)	509(A)(3) TYPE I	N/A	No
ADVENTIST HLTH SYSTEMGEORGIA INC 1035 RED BUD ROAD CALHOUN, GA 30701 58-1425000	OPERATION OF HOSPITAL & RELATED SERVICES	GA	501(C) (3)	170(B)(1) (A)(III)	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	No
ADVENTIST HLTH SYSTEMSUNBELT INC 111 N ORLANDO AVENUE WINTER PARK, FL 32789 59-1479658	OPERATION OF HOSPITAL & RELATED SERVICES	FL	501(C) (3)	170(B)(1) (A)(III)	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	No
ADVENTIST HLTH SYSTEMTEXAS INC 602 COURTLAND STREET ORLANDO, FL 32804 74-2578952	INACTIVE	TX	501(C) (3)	509(A)(2)	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	No
ADVENTIST HINSDALE HOSPITAL 120 NORTH OAK STREET HINSDALE, IL 60521 36-2276984	OPERATION OF HOSPITAL & RELATED SERVICES	IL	501(C) (3)	170(B)(1) (A)(III)	ADVENTIST HLTH SYSTEMSUNBELT INC	No
AHS MIDWEST MANAGEMENT INC 1000 REMINGTON BLVD STE 200 BOLINGBROOK, IL 60440 36-3354567	OPERATION OF PHYSICIAN PRACTICE MGMT	IL	501(C) (3)	509(A)(3) TYPE I	ADVENTIST HLTH SYSTEMSUNBELT INC	No
AHSCENTRAL TEXAS INC 1301 WONDER WORLD DRIVE SAN MARCOS, TX 78666 74-2621825	PROVIDE OFFICE SPACE - MEDICAL PROFESSIONALS	TX	501(C) (3)	509(A)(3) TYPE III-F	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	No
APOPKA HLTH CARE PROPERTIES INC 305 E OAK STREET APOPKA, FL 32703 51-0605694	LEASE TO RELATED ORGANIZATION	GA	501(C) (3)	509(A)(3) TYPE III-F	SUNBELT HLTH CARE CENTERS INC	No
BATTLE CREEK ADVENTIST HOSPITAL 1000 REMINGTON BLVD STE 200 BOLINGBROOK, IL 60440 38-1359189	INACTIVE	MI	501(C) (3)	170(B)(1) (A)(III)	ADVENTIST HLTH SYSTEMSUNBELT INC	No
BERT FISH MEDICAL CENTER INC (10110-63011) 401 PALMETTO STREET NEW SMYRNA BEACH, FL 32168 36-2276984	OPERATION OF HOSPITAL & RELATED SERVICES	FL	501(C) (3)	170(B)(1) (A)(III)	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	No
BOLINGBROOK HOSPITAL FOUNDATION 1000 REMINGTON BLVD N ENTRANCE 2ND BOLINGBROOK, IL 60440 90-0494445	FUND-RAISING FOR TAX-EXEMPT HOSPITAL	IL	501(C) (3)	170(B)(1) (A)(VI)	MIDWEST HLTH FOUNDATION	No
BRADFORD HEIGHTS HLTH & REHAB CENTER INC 950 HIGHPOINT DRIVE HOPKINSVILLE, KY 42240 20-5782342	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	KY	501(C) (3)	509(A)(2)	SUNBELT HLTH CARE CENTERS INC	No
BURLESON NURSING & REHAB CENTER INC 301 HUGULEY BLVD BURLESON, TX 76028 20-5782243	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	TX	501(C) (3)	509(A)(2)	SUNBELT HLTH CARE CENTERS INC	No
CALDWELL HLTH CARE PROPERTIES INC 1333 WEST MAIN PRINCETON, KY 42445 51-0605680	LEASE TO RELATED ORGANIZATION	GA	501(C) (3)	509(A)(3) TYPE III-F	SUNBELT HLTH CARE CENTERS INC	No

## Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization
CENTRAL TEXAS HLTHCARE COLLABORATIVE (112-123111) 1301 WONDER WORLD DRIVE SAN MARCOS, TX 78666 45-3739929	SUPPORT OPERATION OF HOSPITAL	TX	501 (C)(3)	509(A)(3) TYPE I	ADVENTIST HLTH SYSTEMSUNBELT INC	No
CEDAR CRAG TERRACE INC (630 YEAR END) RT 5 BOX 900 MANCHESTER, KY 40962 61-1120442	OPERATION OF HOME FOR THE ELDERLY-DISABLED	KY	501 (C)(3)	170(B)(1) (A)(VI)	MEMORIAL HOSPITAL INC	No
CENTRAL TEXAS MEDICAL CENTER FOUNDATION 1301 WONDER WORLD DRIVE SAN MARCOS, TX 78666 74-2259907	FUND-RAISING FOR TAX-EXEMPT HOSPITAL	TX	501 (C)(3)	170(B)(1) (A)(VI)	ADVENTIST HLTH SYSTEMSUNBELT INC	No
CHICKASAW HLTH CARE PROPERTIES INC 250 S CHICKASAW TRAIL ORLANDO, FL 32825 51-0605681	LEASE TO RELATED ORGANIZATION	GA	501 (C)(3)	509(A)(3) TYPE III-F	SUNBELT HLTH CARE CENTERS INC	No
CHIPPEWA VALLEY HOSPITAL & OAKVIEW CARE CENTER INC 1220 THIRD AVENUE WEST DURAND, WI 54736 39-1365168	OPERATION OF HOSPITAL & RELATED SERVICES	WI	501 (C)(3)	170(B)(1) (A)(III)	ADVENTIST HLTH SYSTEMSUNBELT INC	No
COBB MEDICAL ASSOCIATES LLC 3949 SOUTH COBB DRIVE SE SMYRNA, GA 300806342 58-2617089	OPERATION OF PHYSICIAN PRACTICES & MEDICAL SERVICES	GA	501 (C)(3)	170(B)(1) (A)(III)	EMORY-ADVENTIST INC	No
COURTLAND HLTH CARE PROPERTIES INC 730 COURTLAND STREET ORLANDO, FL 32804 51-0605682	LEASE TO RELATED ORGANIZATION	GA	501 (C)(3)	509(A)(3) TYPE III-F	SUNBELT HLTH CARE CENTERS INC	No
CREEKWOOD PLACE NURSING & REHAB CENTER INC 683 E THIRD STREET RUSSELLVILLE, KY 42276 20-5782260	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	KY	501 (C)(3)	509(A)(2)	SUNBELT HLTH CARE CENTERS INC	No
DAIRY ROAD HLTH CARE PROPERTIES INC 7350 DAIRY ROAD ZEPHYRHILLS, FL 33540 51-0605684	LEASE TO RELATED ORGANIZATION	GA	501 (C)(3)	509(A)(3) TYPE III-F	SUNBELT HLTH CARE CENTERS INC	No
EAST ORLANDO HLTH & REHAB CENTER INC 250 S CHICKASAW TRAIL ORLANDO, FL 32825 20-5774748	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	FL	501 (C)(3)	509(A)(2)	SUNBELT HLTH CARE CENTERS INC	No
EMORY-ADVENTIST INC 3949 SOUTH COBB DRIVE SMYRNA, GA 30080 58-2171011	OPERATION OF HOSPITAL & RELATED SVCS	GA	501 (C)(3)	170(B)(1) (A)(III)	ADVENTIST HLTH SYSTEMSUNBELT INC	No
FLETCHER HOSPITAL INC 100 HOSPITAL DRIVE HENDERSONVILLE, NC 28792 56-0543246	OPERATION OF HOSPITAL & RELATED SVCS	NC	501 (C)(3)	170(B)(1) (A)(III)	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	No
FLNC INC 3355 E SEMORAN BLVD APOPKA, FL 32703 20-5774761	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	FL	501 (C)(3)	509(A)(2)	SUNBELT HLTH CARE CENTERS INC	No
FLORIDA HOSPITAL COLLEGE OF HLTH SCIENCES INC (630 YEAR END) 671 LAKE WINYAH DRIVE ORLANDO, FL 32803 59-3069793	EDUCATION/OPERATION OF SCHOOL	FL	501 (C)(3)	170(B)(1) (A)(II)	ADVENTIST HLTH SYSTEMSUNBELT INC	No
FLORIDA HOSPITAL DELAND AUXILIARY INC (11-82411) 701 WEST PLYMOUTH AVENUE DELAND, FL 32720 59-3425543	VOLUNTEER SUPPORT SERVICES	FL	501 (C)(3)	509(A)(3) TYPE III-F	MEMORIAL HOSPITAL WEST VOLUSIA INC	No
FLORIDA HOSPITAL WATERMAN INC 1000 WATERMAN WAY TAVARES, FL 32778 59-3140669	OPERATION OF HOSPITAL & RELATED SERVICES	FL	501 (C)(3)	170(B)(1) (A)(III)	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	No
FLORIDA HOSPITAL ZEPHYRHILLS INC 7050 GALL BLVD ZEPHYRHILLS, FL 33541 59-2108057	OPERATION OF HOSPITAL & RELATED SERVICES	FL	501 (C)(3)	170(B)(1) (A)(III)	ADVENTIST HLTH SYSTEMSUNBELT INC	No
FLORIDA HOSPITAL MEDICAL GROUP INC 900 WINDERLEY PLACE MAITLAND, FL 32751 59-3214635	OPERATION OF PHYSICIAN PRACTICES & MEDICAL SERVICES	FL	501 (C)(3)	170(B)(1) (A)(III)	ADVENTIST HLTH SYSTEMSUNBELT INC	No
FOUNDATION FOR SHAWNEE MISSION MEDICAL CENTER INC 9100 W 74TH STREET SHAWNEE MISSION, KS 66204 48-0868859	FUND-RAISING FOR TAX-EXEMPT HOSPITAL	KS	501 (C)(3)	509(A)(3) TYPE I	SHAWNEE MISSION MEDICAL CENTER INC	No
GLENOAKS HOSPITAL FOUNDATION 701 WINTHROP AVENUE GLENDALE HEIGHTS, IL 60139 36-3926044	FUND-RAISING FOR TAX-EXEMPT HOSPITAL	IL	501 (C)(3)	170(B)(1) (A)(VI)	MIDWEST HLTH FOUNDATION	No

## Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary Activity	<b>(c)</b> Legal Domicile (State or Foreign Country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if 501(c) (3))	<b>(f)</b> Direct Controlling Entity	<b>(g)</b> Section 512 (b)(13) controlled organization
HAYS MEMORIAL HOSPITAL ASSOCIATION OF SEVENTH- DAY ADVENTISTS 1301 WONDER WORLD DRIVE SAN MARCOS, TX 78667 74-1362785	LEASE OF HOSPITAL PERSONNEL	TX	501 (C)(3)	509(A)(3) TYPE II	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	No
HELEN ELLIS MEMORIAL HOSPITAL AUXILIARY INC 1395 S PINELLAS AVE TARPON SPRINGS, FL 34689 59-2106043	FUND-RAISING FOR TAX- EXEMPT HOSPITAL/FOUNDATION	FL	501 (C)(3)	509(A)(3) TYPE I	TARPON SPRINGS HOSPITAL FOUNDATION INC	No
HELEN ELLIS MEMORIAL HOSPITAL FOUNDATION INC 1395 S PINELLAS AVE TARPON SPRINGS, FL 34689 59-3690149	FUND-RAISING FOR TAX- EXEMPT HOSPITAL	FL	501 (C)(3)	509(A)(3) TYPE I	TARPON SPRINGS HOSPITAL FOUNDATION INC	No
HINSDALE HOSPITAL FOUNDATION 7 SALT CREEK LANE SUITE 203 HINSDALE, IL 60521 52-1466387	FUND-RAISING FOR TAX- EXEMPT HOSPITAL	IL	501 (C)(3)	170(B)(1) (A)(VI)	MIDWEST HLTH FOUNDATION	No
HUGULEY COMMUNITY CARE CORP 11801 SOUTH FREEWAY BURLESON, TX 76028 45-2793120	SUPPORT OPERATION OF HOSPITAL	TX	501 (C)(3)	509(A)(3) TYPE I	ADVENTIST HLTH SYSTEMSUNBELT INC	No
IN-MOTION REHAB INC 602 COURTLAND STREET STE 200 ORLANDO, FL 32804 20-8023411	THERAPY SERVICES TO TAX EXEMPT NURSING HOMES	KS	501 (C)(3)	509(A)(3) TYPE II	SUNBELT HLTH CARE CENTERS INC	No
JELLICO COMMUNITY HOSPITAL INC 188 HOSPITAL LANE JELLICO, TN 37762 62-0924706	OPERATION OF HOSPITAL & RELATED SERVICES	TN	501 (C)(3)	170(B)(1) (A)(III)	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	No
LA GRANGE MEMORIAL HOSPITAL FOUNDATION 5101 S WILLOWSPRINGS RD LA GRANGE, IL 60525 30-0247776	FUND-RAISING FOR TAX- EXEMPT HOSPITAL	IL	501 (C)(3)	170(B)(1) (A)(VI)	MIDWEST HLTH FOUNDATION	No
MEMORIAL HLTH SYSTEMS FOUNDATION INC 770 WEST GRANADA BLVD ORMOND BEACH, FL 32174 31-1771522	FUND-RAISING FOR TAX- EXEMPT HOSPITAL	FL	501 (C)(3)	170(B)(1) (A)(VI)	MEMORIAL HLTH SYSTEMS INC	No
MEMORIAL HLTH SYSTEMS INC 301 MEMORIAL MEDICAL PARKWAY DAYTONA BEACH, FL 32117 59-0973502	OPERATION OF HOSPITAL & RELATED SERVICES	FL	501 (C)(3)	170(B)(1) (A)(III)	ADVENTIST HLTH SYSTEMSUNBELT INC	No
MEMORIAL HOSPITAL FLAGLER INC 60 MEMORIAL MEDICAL PARKWAY PALM COAST, FL 32164 59-2951990	OPERATION OF HOSPITAL & RELATED SERVICES	FL	501 (C)(3)	170(B)(1) (A)(III)	MEMORIAL HLTH SYSTEMS INC	No
MEMORIAL HOSPITAL - WEST VOLUSIA INC 701 WEST PLYMOUTH AVENUE DELAND, FL 32720 59-3256803	OPERATION OF HOSPITAL & RELATED SERVICES	FL	501 (C)(3)	170(B)(1) (A)(III)	MEMORIAL HLTH SYSTEMS INC	No
MEMORIAL HOSPITAL INC 210 MARIE LANGDON DRIVE MANCHESTER, KY 40962 61-0594620	OPERATION OF HOSPITAL & RELATED SERVICES	KY	501 (C)(3)	170(B)(1) (A)(III)	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	No
MERRIAM HLTH CARE PROPERTIES INC 9700 WEST 62ND STREET MERRIAM, KS 66203 36-4595806	LEASE TO RELATED ORGANIZATION	KS	501 (C)(3)	509(A)(3) TYPE III-F	SUNBELT HLTH CARE CENTERS INC	No
METROPLEX ADVENTIST HOSPITAL INC 2201 S CLEAR CREEK ROAD KILLEEN, TX 76549 74-2225672	OPERATION OF HOSPITAL & RELATED SERVICES	TX	501 (C)(3)	170(B)(1) (A)(III)	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	No
METROPLEX CLINIC PHYSICIANS INC 2201 S CLEAR CREEK ROAD KILLEEN, TX 76549 11-3762050	PHYSICIAN HLTHCARE SERVICES TO THE COMMUNITY	TX	501 (C)(3)	170(B)(1) (A)(III)	METROPLEX ADVENTIST HOSPITAL INC	No
MIDWEST HLTH FOUNDATION 120 NORTH OAK STREET HINSDALE, IL 60521 35-2230515	SUPPORT OF SUBSIDIARY FOUNDATIONS	IL	501 (C)(3)	509(A)(3) TYPE II	N/A	No
MILLS HLTH & REHAB CENTER INC 500 BECK LANE MAYFIELD, KY 42066 20-5782320	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	KY	501 (C)(3)	509(A)(2)	SUNBELT HLTH CARE CENTERS INC	No
MISSION STRATEGIES INC 602 COURTLAND STREET STE 200 ORLANDO, FL 32804 20-5982365	PROVISION OF SUPPORT TO THE NURSING HOME DIVISION	KS	501 (C)(3)	509(A)(3) TYPE II	SUNBELT HLTH CARE CENTERS INC	No
MISSION STRATEGIES OF GEORGIA INC (1114-123111) 3949 S COBB DRIVE SMYRNA, GA 30080 90-0866024	PROVISION OF SUPPORT TO THE NURSING HOME DIVISION	GA	501 (C)(3)	509(A)(3) TYPE II	SUNBELT HLTH CARE CENTERS INC	No

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MISSOURI ADVENTIST HLTH INC 9100 W 74TH STREET SHAWNEE MISSION, KS 66204 43-1224729	SUPPORT HLTH CARE SERVICES	MO	501(C) (3)	509(A)(3) TYPE III-O	ADVENTIST HLTH MID-AMERICA INC	No
NORTH REGIONAL EMS INC 188 HOSPITAL LANE JELlico, TN 37762 26-2653616	EMS SERVICES	TN	501(C) (3)	509(A)(2)	JELlico COMMUNITY HOSPITAL INC	No
ORMOND BEACH MEMORIAL HOSPITAL AUXILIARY INC 301 MEMORIAL MEDICAL PARKWAY DAYTONA BEACH, FL 32117 59-1721962	VOLUNTEER SUPPORT SERVICES	FL	501(C) (3)	509(A)(3) TYPE III-F	MEMORIAL HLTH SYSTEMS INC	No
OVERLAND PARK NURSING & REHAB CENTER INC 6501 WEST 75TH STREET OVERLAND PARK, KS 66204 20-5774821	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	KS	501(C) (3)	509(A)(2)	SUNBELT HLTH CARE CENTERS INC	No
PARAGON HLTH CARE PROPERTIES INC 950 HIGHPOINT DRIVE HOPKINSVILLE, KY 42240 51-0605686	LEASE TO RELATED ORGANIZATION	GA	501(C) (3)	509(A)(3) TYPE III-F	SUNBELT HLTH CARE CENTERS INC	No
PASCO-PINELLAS HILLSBOROUGH COMMUNITY HLTH SYSTEM INC 2400 BEDFORD ROAD ORLANDO, FL 32803 20-8488713	OPERATION OF HOSPITAL & RELATED SERVICES	FL	501(C) (3)	170(B)(1) (A)(III)	N/A	No
PORTERCARE ADVENTIST HLTH SYSTEM (630 YEAR END) 2525 S DOWNING STREET DENVER, CO 80210 84-0438224	OPERATION OF HOSPITAL & RELATED SERVICES	CO	501(C) (3)	170(B)(1) (A)(III)	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	No
PORTLAND NURSING & REHAB CENTER INC 215 HIGHLAND CIRCLE DRIVE PORTLAND, TN 37148 20-5774842	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	TN	501(C) (3)	509(A)(2)	SUNBELT HLTH CARE CENTERS INC	No
PRINCETON HLTH & REHAB CENTER INC 1333 WEST MAIN PRINCETON, KY 42445 20-5782272	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	KY	501(C) (3)	509(A)(2)	SUNBELT HLTH CARE CENTERS INC	No
PRINCETON PROFESSIONAL SERVICES INC 601 E ROLLINS STREET ORLANDO, FL 32803 59-1191045	PROVISION OF HLTHCARE SERVICES	FL	501(C) (3)	509(A)(2)	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	No
QUALITY CIRCLE FOR HLTHCARE INC 111 N ORLANDO AVENUE WINTER PARK, FL 32789 26-3789368	HLTHCARE QUALITY SERVICES	FL	501(C) (3)	509(A)(3) TYPE III-F	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	No
RESOURCE PERSONNEL INC 602 COURTLAND STREET STE 200 ORLANDO, FL 32804 20-8040875	PROVIDE ADMINISTRATIVE SUPPORT TO TAX EXEMPT NURSING HOMES	FL	501(C) (3)	509(A)(3) TYPE II	SUNBELT HLTH CARE CENTERS INC	No
ROCKY MOUNTAIN ADVENTIST HLTHCARE FOUNDATION (630 YEAR END) 2525 SOUTH DOWNING STREET DENVER, CO 80210 84-0745018	FUND-RAISING FOR TAX-EXEMPT HOSPITAL	CO	501(C) (3)	170(B)(1) (A)(VI)	PORTERCARE ADVENTIST HLTH SYSTEM	No
ROLLINS BEDFORD CORP 602 COURTLAND STREET STE 200 ORLANDO, FL 32804 37-0908840	INACTIVE	FL	501(C) (3)	509(A)(3) TYPE II	SUNBELT HLTH CARE CENTERS INC	No
RUSSELLVILLE HLTH CARE PROPERTIES INC 683 EAST THIRD STREET RUSSELLVILLE, KY 42276 51-0605691	LEASE TO RELATED ORGANIZATION	GA	501(C) (3)	509(A)(3) TYPE III-F	SUNBELT HLTH CARE CENTERS INC	No
SAN MARCOS HLTH CARE PROPERTIES INC 1900 MEDICAL PARKWAY SAN MARCOS, TX 78666 51-0605693	LEASE TO RELATED ORGANIZATION	GA	501(C) (3)	509(A)(3) TYPE III-F	SUNBELT HLTH CARE CENTERS INC	No
SAN MARCOS NURSING & REHAB CENTER INC 1900 MEDICAL PARKWAY SAN MARCOS, TX 78666 20-5782224	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	TX	501(C) (3)	509(A)(2)	SUNBELT HLTH CARE CENTERS INC	No
SHAWNEE MISSION HLTH CARE INC 6501 WEST 75TH STREET OVERLAND PARK, KS 66204 48-0952508	LEASE TO RELATED ORGANIZATION	KS	501(C) (3)	509(A)(3) TYPE III-F	SUNBELT HLTH CARE CENTERS INC	No
SHAWNEE MISSION MEDICAL CENTER INC 9100 W 74TH STREET SHAWNEE MISSION, KS 66204 48-0637331	OPERATION OF HOSPITAL & RELATED SERVICES	KS	501(C) (3)	170(B)(1) (A)(III)	ADVENTIST HLTH MID-AMERICA INC	No
SOUTH CENTRAL NURSING HOMES PROPERTIES INC 111 NORTH ORLANDO AVE WINTER PARK, FL 32789 59-3686109	MANAGEMENT SUPPORT	GA	501(C) (3)	509(A)(3) TYPE III-O	SOUTH CENTRAL INC	No

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SOUTH CENTRAL NURSING HOMES INC 602 COURTLAND STREET ORLANDO, FL 32804 61-1242373	MANAGEMENT SUPPORT	KY	501(C) (3)	509(A)(3) TYPE III-O	SOUTH CENTRAL INC	No
SOUTH CENTRAL PROPERTIES III INC 111 NORTH ORLANDO AVE WINTER PARK, FL 32789 59-3692860	REAL ESTATE	GA	501(C) (2)		SOUTH CENTRAL NURSING HOMES PROPERTIES INC	No
SOUTH CENTRAL PROPERTIES IV INC 111 NORTH ORLANDO AVE WINTER PARK, FL 32789 59-3692862	REAL ESTATE	GA	501(C) (2)		SOUTH CENTRAL NURSING HOMES PROPERTIES INC	No
SOUTH CENTRAL PROPERTIES VI INC 111 NORTH ORLANDO AVE WINTER PARK, FL 32789 59-3692857	REAL ESTATE	GA	501(C) (2)		SOUTH CENTRAL NURSING HOMES PROPERTIES INC	No
SOUTH CENTRAL PROPERTIES INC 111 NORTH ORLANDO AVE WINTER PARK, FL 32789 59-3651692	REAL ESTATE	GA	501(C) (2)		SOUTH CENTRAL NURSING HOMES PROPERTIES INC	No
SOUTH CENTRAL INC 602 COURTLAND STREET ORLANDO, FL 32804 59-3689740	MANAGEMENT SUPPORT	GA	501(C) (3)	509(A)(3) TYPE III-F	N/A	No
SOUTH PASCO HLTH CARE PROPERTIES INC 38250 A AVENUE ZEPHYRHILLS, FL 33542 51-0605679	LEASE TO RELATED ORGANIZATION	GA	501(C) (3)	509(A)(3) TYPE III-F	SUNBELT HLTH CARE CENTERS INC	No
SOUTHWEST VOLUSIA HLTH SERVICES INC 1055 SAXON BLVD ORANGE CITY, FL 327638468 59-3281591	MEDICAL OFFICE BUILDING FOR HOSPITAL	FL	501(C) (3)	509(A)(3) TYPE I	SOUTHWEST VOLUSIA HLTHCARE CORP	No
SOUTHWEST VOLUSIA HLTHCARE CORP 1055 SAXON BLVD ORANGE CITY, FL 327638468 59-3149293	OPERATION OF HOSPITAL & RELATED SERVICES	FL	501(C) (3)	170(B)(1) (A)(III)	ADVENTIST HLTH SYSTEMSUNBELT INC	No
SPECIALTY PHYSICIANS OF CENTRAL TEXAS INC 1301 WONDER WORLD DRIVE SAN MARCOS, TX 78666 20-8814408	PHYSICIAN HLTHCARE SERVICES TO THE COMMUNITY	TX	501(C) (3)	170(B)(1) (A)(III)	ADVENTIST HLTH SYSTEMSUNBELT INC	No
SPRING VIEW HLTH & REHAB CENTER INC 718 GOODWIN LANE LEITCHFIELD, KY 42754 20-5782288	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	KY	501(C) (3)	509(A)(2)	SUNBELT HLTH CARE CENTERS INC	No
SUNBELT HLTH & REHAB CENTER - APOPKA INC 305 EAST OAK STREET APOPKA, FL 32703 20-5774856	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	FL	501(C) (3)	509(A)(2)	SUNBELT HLTH CARE CENTERS INC	No
SUNBELT HLTH CARE CENTERS INC 602 COURTLAND STREET STE 200 ORLANDO, FL 32804 58-1473135	MANAGEMENT SERVICES	TN	501(C) (3)	509(A)(3) TYPE II	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	No
SUNSYSTEM DEVELOPMENT CORP 111 N ORLANDO AVENUE WINTER PARK, FL 32789 59-2219301	FUND RAISING FOR AFFILIATED TAX-EXEMPT HOSPITALS	FL	501(C) (3)	170(B)(1) (A)(VI)	ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP	No
TARPON SPRINGS HOSPITAL FOUNDATION INC 1395 S PINELLAS AVE TARPON SPRINGS, FL 34689 59-0898901	OPERATION OF HOSPITAL & RELATED SERVICES	FL	501(C) (3)	170(B)(1) (A)(III)	UNIVERSITY COMMUNITY HOSPITAL INC	No
TARRANT COUNTY HLTH CARE PROPERTIES INC 301 HUGULEY BLVD BURLESON, TX 76028 51-0605677	LEASE TO RELATED ORGANIZATION	GA	501(C) (3)	509(A)(3) TYPE III-F	SUNBELT HLTH CARE CENTERS INC	No
TAYLOR CREEK HLTH CARE PROPERTIES INC 718 GOODWIN LANE LEITCHFIELD, KY 42754 51-0605678	LEASE TO RELATED ORGANIZATION	GA	501(C) (3)	509(A)(3) TYPE III-F	SUNBELT HLTH CARE CENTERS INC	No
TEXAS HLTH HUGULEY INC (76-123111) 900 HOPE WAY ALTAMONTE SPRINGS, FL 32714 45-2694620	OPERATION OF HOSPITAL & RELATED SERVICES	FL	501(C) (3)	170(B)(1) (A)(III)	ADVENTIST HLTH SYSTEMSUNBELT INC	No
THE VOLUNTEER AUXILIARY OF FLORIDA HOSPITAL - FLAGLER INC 60 MEMORIAL MEDICAL PARKWAY PALM COAST, FL 32164 59-2486582	VOLUNTEER SUPPORT SERVICES	FL	501(C) (3)	509(A)(3) TYPE III-F	MEMORIAL HOSPITAL FLAGLER INC	No
TRINITY NURSING & REHAB CENTER INC 9700 WEST 62ND STREET MERRIAM, KS 66203 20-5774890	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	KS	501(C) (3)	509(A)(2)	SUNBELT HLTH CARE CENTERS INC	No

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UNIVERSITY COMMUNITY HOSPITAL AUXILIARY INC  3100 E FLETCHER AVE TAMPA, FL 33613 23-7011345	VOLUNTEER SUPPORT SERVICES	FL	501(C) (3)	509(A)(3) TYPE III-F	UNIVERSITY COMMUNITY HOSPITAL INC	No
UNIVERSITY COMMUNITY HOSPITAL FOUNDATION INC  3100 E FLETCHER AVE TAMPA, FL 33613 59-2554889	FUND-RAISING FOR TAX-EXEMPT HOSPITAL	FL	501(C) (3)	509(A)(3) TYPE I	UNIVERSITY COMMUNITY HOSPITAL INC	No
UNIVERSITY COMMUNITY HOSPITAL SPECIALTY CARE INC  3100 E FLETCHER AVE TAMPA, FL 33613 59-3231322	INACTIVE	FL	501(C) (3)	509(A)(3)	UNIVERSITY COMMUNITY HOSPITAL INC	No
UNIVERSITY COMMUNITY HOSPITAL INC  3100 E FLETCHER AVE TAMPA, FL 33613 59-1113901	OPERATION OF HOSPITAL & RELATED SERVICES	FL	501(C) (3)	170(B)(1) (A)(III)	ADVENTIST HLTH SYSTEM  SUNBELT HLTHCARE CORP	No
WEST KENTUCKY HLTH CARE PROPERTIES INC  500 BECK LANE MAYFIELD, KY 42066 51-0605676	LEASE TO RELATED ORGANIZATION	GA	501(C) (3)	509(A)(3) TYPE III-F	SUNBELT HLTH CARE CENTERS INC	No
ZEPHYR HAVEN HLTH & REHAB CENTER INC  38250 A AVENUE ZEPHYRHILLS, FL 33542 20-5774930	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	FL	501(C) (3)	509(A)(2)	SUNBELT HLTH CARE CENTERS INC	No
ZEPHYRHILLS HLTH & REHAB CENTER INC  7350 DAIRY ROAD ZEPHYRHILLS, FL 33540 20-5774967	OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY	FL	501(C) (3)	509(A)(2)	SUNBELT HLTH CARE CENTERS INC	No

**Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership**

**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
ADVENTIST HLTH SYS SUNBELT HLTHCARE CORP EMPL BENEFIT TRUST 111 N ORLANDO AVENUE WINTER PARK, FL 32789 58-1318939	ADMINISTRATION OF SELF- INSURED BENEFIT PLANS	FL	N/A	T			
AHS SERVICES INC 11801 SOUTH FREEWAY FORT WORTH, TX 76028 75-2049583	MEDICAL EQUIPMENT	TX	N/A	C			
ALTAMONTE MEDICAL PLAZA CONDOMINIUM ASSOCIATION INC 601 EAST ROLLINS STREET ORLANDO, FL 32803 59-2855792	CONDO ASSOCIATION	FL	N/A	C			
APOPKA MEDICAL PLAZA CONDOMINIUM ASSOCIATION INC 601 EAST ROLLINS STREET ORLANDO, FL 32803 59-3000857	CONDO ASSOCIATION	FL	N/A	C			
ARAPAHOE MEDICAL BUILDING I INC (630 YEAR END) 2525 S DOWNING STREET DENVER, CO 80210 84-1574506	REAL ESTATE LEASING	CO	N/A	C			
ARAPAHOE MEDICAL BUILDING II INC (630 YEAR END) 2525 S DOWNING STREET DENVER, CO 80210 84-1574507	REAL ESTATE LEASING	CO	N/A	C			
CC MOB INC 2201 S CLEAR CREEK ROAD KILLEEN, TX 76549 74-2616875	REAL ESTATE RENTAL	TX	N/A	C			
CENTRAL TEXAS MEDICAL ASSOCIATES 1301 WONDER WORLD DRIVE SAN MARCOS, TX 78666 74-279873	PHYSICIAN CLINICS	TX	N/A	C			
CENTRAL TEXAS PROVIDER'S NETWORK 1301 WONDER WORLD DRIVE SAN MARCOS, TX 78666 74-2827652	PHYSICIAN HOSPITAL ORG	TX	N/A	C			
FLORIDA HOSPITAL FLAGLER MEDICAL OFFICES ASSOCIATION INC 60 MEMORIAL MEDICAL PARKWAY PALM COAST, FL 32164 26-2158309	CONDO ASSOCIATION	FL	N/A	C			
FLORIDA HOSPITAL HEALTHCARE SYSTEM INC 602 COURTLAND STREET ORLANDO, FL 32804 59-3215680	PHO/TPA	FL	N/A	C			
FLORIDA MEDICAL PLAZA CONDO ASSOCIATION INC 601 EAST ROLLINS STREET ORLANDO, FL 32803 59-2855791	CONDO ASSOCIATION	FL	N/A	C			
FLORIDA MEMORIAL HEALTH NETWORK INC 770 W GRANADA BLVD STE 317 ORMOND BEACH, FL 32174 59-3403558	PHYSICIAN HOSPITAL ORG	FL	N/A	C			
HARVARD PARK EAST INC (630 YEAR END) 2525 S DOWNING STREET DENVER, CO 80210 84-1574365	REAL ESTATE LEASING	CO	N/A	C			
HELEN ELLIS MEMORIAL HOSPITAL REAL ESTATE CORP 1395 S PINELLAS AVE TARPON SPRINGS, FL 34689 59-3375731	REAL ESTATE RENTAL	FL	N/A	C			
HUGULEY ALLIANCE FOUNDATION 11801 SOUTH FREEWAY FORT WORTH, TX 76115 75-2642209	INACTIVE	TX	N/A	C			
HUGULEY MEDICAL ASSOCIATES INC 11801 SOUTH FREEWAY BURLESON, TX 76028 75-2547668	PHYSICIAN CLINICS	TX	N/A	C			
KISSIMMEE MULTISPECIALTY CLINIC CONDOMINIUM ASSOCIATION INC 201 HILDA STREET SUITE 30 KISSIMMEE, FL 34741 59-3539564	CONDO ASSOCIATION	FL	N/A	C			
MIDWEST MANAGEMENT SERVICES INC 9100 WEST 74TH STREET SHAWNEE MISSION, KS 66204 48-0901551	REAL ESTATE RENTAL	KS	N/A	C			
METROPLEX ADVENTIST HOSPITAL CRNA 2201 S CLEAR CREEK ROAD KILLEEN, TX 76549 26-0760794	SUPPORT HOSPITAL - PROVIDE ALLIED HEALTH PROFESSIONALS	TX	N/A	C			

**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal Domicile (State or Foreign Country)	<b>(d)</b> Direct Controlling Entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income (\$)	<b>(g)</b> Share of end-of-year assets (\$)	<b>(h)</b> Percentage ownership
NORTH AMERICAN HEALTH SERVICES INC & SUBS 111 N ORLANDO AVENUE WINTER PARK, FL 32789 62-1041820	LESSOR/HOLDING CO	TN	N/A	C			
ORMOND PROFESSIONAL CONDO ASSOCIATION (430 YEAR END) 770 W GRANADA BLVD STE 101 ORMOND BEACH, FL 32174 59-2694434	CONDO ASSOCIATION	FL	N/A	C			
PARK RIDGE PROPERTY OWNER'S ASSOCIATION INC 1 PARK PLACE NAPLES ROAD FLETCHER, NC 28732 03-0380531	CONDO ASSOCIATION	NC	N/A	C			
PORTER AFFILIATED HLTH SERVICES INC DBA DIVERSIFIED AFFILIATED HLTH SVCS 2525 S DOWNING STREET DENVER, CO 80210 84-0956175	HEALTHCARE SERVICES	CO	N/A	C			
PORTER MEDICAL PLAZA INC (630 YEAR END) 2525 S DOWNING STREET DENVER, CO 80210 84-1574369	REAL ESTATE LEASING	CO	N/A	C			
SAN MARCOS REGIONAL MRI INC 1301 WONDER WORLD DRIVE SAN MARCOS, TX 78666 77-0597968	HOLDING COMPANY	TX	N/A	C			
SOUTHEAST VOLUSIA MEDICAL SERVICES INC (10110-63011) 401 PALMETTO STREET NEW SMYRNA BEACH, FL 32168 59-3287185	INACTIVE	FL	N/A	C			
THE GARDEN RETIREMENT COMMUNITY INC 602 COURTLAND STREET STE 200 ORLANDO, FL 32804 59-3414055	REAL ESTATE RENTAL	FL	N/A	C			
UNIVERSITY COMMUNITY HEALTH INSURANCE COMPANY SPC LTD C/O AON INSURANCE MANAGERS PO BOX GRAND CAYMAN CJ	CAPTIVE INSURANCE	CJ	N/A	C			
UCH SERVICES INC 3100 EAST FLETCHER AVE TAMPA, FL 33613 59-3508454	MANAGEMENT COMPANY	FL	N/A	C			
WEST COAST MEDICAL GROUP INC 1395 S PINELLAS AVE TARPON SPRINGS, FL 34689 59-3537305	PHYSICIAN CLINICS	FL	N/A	C			
WINTER PARK MEDICAL OFFICE BUILDING I CONDO ASSOC INC (330-123111) 200 LAKEMONT AVE WINTER PARK, FL 32792 45-2228478	PHYSICIAN CLINICS	FL	N/A	C			