



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



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

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

For calendar year 2012 or tax year beginning

, and ending

Name of foundation HMA FOUNDATION, INC		A Employer identification number 65-1115909
Number and street (or P O box number if mail is not delivered to street address) 5811 PELICAN BAY BLVD	Room/suite 500	B Telephone number (see instructions) (239) 598-3131
City or town, state, and ZIP code NAPLES FL 34108		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1 Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 881,716	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>		

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	25	16		
	4 Dividends and interest from securities	29,195	25,216		
	5 a Gross rents				
	b Net rental income or (loss)				
	6 a Net gain or (loss) from sale of assets not on line 10	27,590			
	b Gross sales price for all assets on line 6a	916,931			
	7 Capital gain net income (from Part IV, line 2)		27,590		
	8 Net short-term capital gain				
	9 Income modifications				
	10 a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	56,810	52,822	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16 a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	300	300		
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	8,432	8,432		
	24 Total operating and administrative expenses.				
	Add lines 13 through 23	8,732	8,732	0	0
25 Contributions, gifts, grants paid	172,000			172,000	
26 Total expenses and disbursements. Add lines 24 and 25	180,732	8,732	0	172,000	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-123,922				
b Net investment income (if negative, enter -0-)		44,090			
c Adjusted net income (if negative, enter -0-)			0		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)			
		Beginning of year	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
Assets	1	Cash—non-interest-bearing	30,839	24,934	24,934
	2	Savings and temporary cash investments	61,216	39,942	39,942
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less: allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10 a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)	622,911	792,510	816,840
	11	Investments—land, buildings, and equipment basis ▶			
	Less: accumulated depreciation (attach schedule) ▶				
12	Investments—mortgage loans				
13	Investments—other (attach schedule)	266,342			
14	Land, buildings, and equipment: basis ▶				
	Less: accumulated depreciation (attach schedule) ▶				
15	Other assets (describe ▶)				
16	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	981,308	857,386	881,716	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)			
	23	Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances		Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/>			
		and complete lines 24 through 26 and lines 30 and 31.			
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/>			
		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
29	Retained earnings, accumulated income, endowment, or other funds	981,308	857,386		
30	Total net assets or fund balances (see instructions)	981,308	857,386		
31	Total liabilities and net assets/fund balances (see instructions)	981,308	857,386		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	981,308
2	Enter amount from Part I, line 27a	2	-123,922
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	857,386
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	857,386

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a VARIOUS		P	VARIOUS	VARIOUS
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a 916,931		889,341	27,590	
b				
c				
d				
e				
(i) FMV as of 12/31/69			(j) Adjusted basis as of 12/31/69	
(k) Excess of col. (i) over col. (j), if any			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
a			27,590	
b				
c				
d				
e				
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }				27,590
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8				0

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☐ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2011	169,500	1,085,019	0.156218
2010	120,843	1,147,620	0.105299
2009	4,142	987,729	0.004193
2008	1,541	641,246	0.002403
2007	296,000	1,105,684	0.267708
2 Total of line 1, column (d)			0.535821
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			0.107164
4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5			968,336
5 Multiply line 4 by line 3			103,771
6 Enter 1% of net investment income (1% of Part I, line 27b)			441
7 Add lines 5 and 6			104,212
8 Enter qualifying distributions from Part XII, line 4			172,000

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

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)				
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1		
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2		0
3 Add lines 1 and 2		3		0
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4		
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5		0
6 Credits/Payments:				
a 2012 estimated tax payments and 2011 overpayment credited to 2012	6a			
b Exempt foreign organizations—tax withheld at source	6b			
c Tax paid with application for extension of time to file (Form 8868)	6c			
d Backup withholding erroneously withheld	6d			
7 Total credits and payments. Add lines 6a through 6d	7			0
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			0
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			0
11 Enter the amount of line 10 to be: Credited to 2013 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11			0

Part VII-A Statements Regarding Activities

1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		Yes	No
1a			X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?			X
1b			X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities			
c Did the foundation file Form 1120-POL for this year?			X
1c			X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?			X
2			X
If "Yes," attach a detailed description of the activities.			
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			X
3			X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			X
4a			X
b If "Yes," has it filed a tax return on Form 990-T for this year?			X
4b			X
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?			X
5			X
If "Yes," attach the statement required by General Instruction T			
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		X	
6		X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		X	
7		X	
8 a ENTER the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/>			
NONE			
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation			X
8b			X
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV			X
9			X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			X
10			X

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address ▶ N/A				
14	The books are in care of ▶ HEALTH MANAGEMENT ASSOCIATES, INC Telephone no. ▶ (239) 598-3131			
	Located at ▶ 5811 PELICAN BAY BLVD, SUITE 500 NAPLES, FL ZIP+4 ▶ 34108			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ▶				

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here ▶ <input type="checkbox"/>	1b	N/A
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012?	1c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," list the years ▶ 20 , 20 , 20 , 20		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	2b	X
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20 , 20 , 20 , 20		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012)	3b	N/A
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b	X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) ☐ Yes ☒ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? ☐ Yes ☒ No**5b** N/AOrganizations relying on a current notice regarding disaster assistance check here ☒**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☒ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

If "Yes" to 6b, file Form 8870

6b**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No**7b** N/A**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
WILLIAM J. SCHOEN 5811 PELICAN BAY BLVD, SUITE 500 NAPLES	CHAIRMAN			
GARY D. NEWSOME 5811 PELICAN BAY BLVD, SUITE 500 NAPLES	PRESIDENT			
ROBERT E. FARNHAM 5811 PELICAN BAY BLVD, SUITE 500 NAPLES	VICE PRESIDENT			

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 ☐

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

Expenses

1 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

Amount

1 N/A	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	947,872
b	Average of monthly cash balances	1b	35,210
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	983,082
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	983,082
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see instructions)	4	14,746
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	968,336
6	Minimum investment return. Enter 5% of line 5	6	48,417

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	48,417
2a	Tax on investment income for 2012 from Part VI, line 5	2a	441
b	Income tax for 2012 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	441
3	Distributable amount before adjustments Subtract line 2c from line 1	3	47,976
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	47,976
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	47,976

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	172,000
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	172,000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	441
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	171,559

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				47,976
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only			0	
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2012:				
a From 2007	241,995			
b From 2008	262,899			
c From 2009	59,647			
d From 2010	63,976			
e From 2011	115,849			
f Total of lines 3a through e	744,366			
4 Qualifying distributions for 2012 from Part XII, line 4 ▶ \$ 172,000				
a Applied to 2011, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions)				
c Treated as distributions out of corpus (Election required—see instructions)				
d Applied to 2012 distributable amount				47,976
e Remaining amount distributed out of corpus	124,024			
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	868,390			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2012. Subtract lines 4d and 5 from line 1 This amount must be distributed in 2013				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)	241,995			
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	626,395			
10 Analysis of line 9				
a Excess from 2008	262,899			
b Excess from 2009	59,647			
c Excess from 2010	63,976			
d Excess from 2011	115,849			
e Excess from 2012	124,024			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)**N/A**

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section

☐ 4942(j)(3) or ☐ 4942(j)(5)

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

Tax year	Prior 3 years			(e) Total
(a) 2012	(b) 2011	(c) 2010	(d) 2009	
				0
b 85% of line 2a				0
c Qualifying distributions from Part XII, line 4 for each year listed				0
d Amounts included in line 2c not used directly for active conduct of exempt activities				0
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c				0
3 Complete 3a, b, or c for the alternative test relied upon				
a "Assets" alternative test—enter				
(1) Value of all assets				0
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)				0
b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed				0
c "Support" alternative test—enter.				
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)				0
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)				0
(3) Largest amount of support from an exempt organization				0
(4) Gross investment income				0

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail of the person to whom applications should be addressed

SEE STATEMENT

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

SEE STATEMENT

c Any submission deadlines

SEE STATEMENT

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

SEE STATEMENT

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year SEE ATTACHED SCHEDULE		501		172,000
Total			▶ 3a	172,000
b Approved for future payment NONE				
Total			▶ 3b	0

Enter gross amounts unless otherwise indicated.

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2012)

HMA FOUNDATION, INC.
EIN: 65-1115909
ATTACHMENT TO FORM 990-PF

Page 4, Part VII-A, Question 8b

There is no reporting requirement in Florida.

Page 10, Part XV, Question 2a-2d

Name, Address and Telephone Number of Person to Whom Applications Should be Submitted:

Joe Meek
HMA Foundation, Inc.
5811 Pelican Bay Blvd., Ste. 500
Naples, FL 34108
(239) 598-3131

Form and Content of Applications:

No required format or materials.

Any Submission Deadline:

None

Restrictions and Limitations on Awards:

None

HMA FOUNDATION YTD 12-31-2012

DISBURSEMENTS

01/01/12-12/31/12

		<u>DONATIONS</u>	<u>OTHER</u>	<u>TOTAL</u>
02/01/2012	AVE MARIE UNIVERSITY GYRENE GALA SCHOLARSHIP FUND 5050 Ave Maria Blvd. Ave Marie, FL 34142	\$10,000.00		
02/07/2012	2012 FOURTH ANNUAL MIRACLE LIMBS COURAGE IN MOTION BICYCLE RIDE Naples, FL	\$1,000 00		
04/05/2012	SHELTER FOR ABUSED WOMEN & CHILDREN SHELTER FROM THE STORM P O. Box 10102 Naples, FL 34101	\$2,500 00		
04/20/2012	AMERICAN CANCER SOCIETY RELAY FOR LIFE - HEALTH MANAGEMENT TEAM	\$2,500.00		
09/25/2012	JUNIOR ACHIEVEMENT of SOUTHWEST FLORIDA 2011 COLLIER CTY BUSINESS HALL OF FAME 9530 Marketplace Road, Suite 302 Ft. Myers, FL 33912	\$1,000 00		
11/03/2012	2012 GOLF TOURNAMENT FORE-THE-KIDS Naples, FL	\$5,000.00		
11/07/2012	UNITED STATES TREASURY 2011 TAX RETURN		\$300.00	
11/08/2012	NAPLES PHILHARMONIC CENTER FOR the ARTS 5833 Pelican Bay Blvd Naples, FL 34108	\$150,000 00		
		<u>\$172,000.00</u>	<u>\$300.00</u>	<u>\$172,300.00</u>

HMA FOUNDATION, INC.
PROFIT AND LOSS STATEMENT
FYE 12/31/12

	Account# 4025888830 Wells Fargo April 2012	Account# 25249800 Wells Fargo December 2012	TOTAL
Revenues			
Interest		15 52	15 52
Dividends	6,912 24	18,303 39	25,215 63
Receipts		-	-
Contributions & Gifts Received		-	-
Proceeds - Sale of Securities		916,931 10	916,931 10
Capital Gain Dividend		-	-
Cash Deposit		-	-
Tax-exempt Income (interest)	9 19		9 19
Tax-exempt Income (dividends) - Municipal Bonds	2,560 64	1,418 86	3,979 50
Total Revenues	9,482 07	936,668 87	946,150 94
Expenses			
Income Taxes		300 00	300 00
Bank Charges		-	-
Investment Fees	3,805 54	4,626 51	8,432 05
Contributions & Gifts Paid		172,000 00	172,000 00
Cost of Securities Sold		889,340 79	889,340 79
Interest & Penalties		-	-
Total Expenses	3,805 54	1,066,267 30	1,070,072 84
Net Income			(123,921 90)

HMA FOUNDATION, INC.
BALANCE SHEET (at cost)
12/31/12

	BOY	EOY	FMV 12/31/2012
Assets			
Cash	30,839 00	24,934 00	24,934 00
Cash & Equivalents	61,215 41	39,941 50	39,941 50
Investments - Fixed Income	622,910 77	792,510 00	816,840 06
Investments - Equity	266,342 16		
IRS Refund Due			
Total Assets	981,307 34	857,385 50	881,715 56
Retained Earnings			
Beginning Balance	1,107,450 03	981,307 40	
CY Net Income (Loss)	(126,142 63)	(123,921 90)	
Ending Retained Earnings	981,307 40	857,385 50	
Out of Balance	(0 06)	-	

	<u>Gross Sales price</u>	<u>Cost</u>	<u>Gain/Loss</u>
Investment sales - Wells Fargo # 3161 08/10/12	311,163 61	306,204 82	4,958 79
Investment sales - Arto Cusip # 1524 10/16/12	120,000 00	119,145 91	854 09
Investment sales - Arto Cusip # 1524 11/23/12	100,000 00	98,424 09	1,575 91
Investment sales - Dodge & Cox # 145 11/23/12	281,499 54	266,342 16	15,157 38
Investment sales - Wells Fargo # 3110 11/23/12	100,000 00	99,223 81	776 19
Investment sales - Arto Cusip # 1524 12/27/12	3,328 99	-	3,328 99
Investment sales - Wells Fargo # 3110 12/07/12	938 96	-	938 96
Total	916,931 10	889,340 79	27,590 31

HMA FOUNDATION
AVERAGE MONTHLY CASH BALANCES

	<u>EOM BAL</u>	<u>AVG MO BAL</u>	<u>1/12 AVG BAL</u>
12/31/11	30,839.00		
01/31/12	30,839.00	30,839.00	2,569.92
02/28/12	30,839.00	30,839.00	2,569.92
03/31/12	19,839.00	25,339.00	2,111.58
04/30/12	21,439.00	20,639.00	1,719.92
05/31/12	18,939.00	20,189.00	1,682.42
06/30/12	16,439.00	17,689.00	1,474.08
07/31/12	16,439.00	16,439.00	1,369.92
08/31/12	16,439.00	16,439.00	1,369.92
09/30/12	16,439.00	16,439.00	1,369.92
10/31/12	31,439.00	23,939.00	1,994.92
11/30/12	175,439.00	103,439.00	8,619.92
12/31/12	25,139.00	100,289.00	8,357.42
			35,209.83

HMA FOUNDATION
AVERAGE MONTHLY CASH EQUIV & SECURITIES

	<u>EOM BAL</u>	<u>AVG MO BAL</u>	<u>1/12 AVG BAL</u>
12/31/11	935,004.21		
01/31/12	956,390.75	945,697.48	78,808.12
02/28/12	971,845.35	964,118.05	80,343.17
03/31/12	977,107.92	974,476.64	81,206.39
04/30/12	976,954.72	977,031.32	81,419.28
05/31/12	956,179.28	966,567.00	80,547.25
06/30/12	973,951.43	965,065.36	80,422.11
07/31/12	984,853.29	979,402.36	81,616.86
08/31/12	995,919.78	990,386.54	82,532.21
09/30/12	993,614.73	994,767.26	82,897.27
10/31/12	843,544.51	918,579.62	76,548.30
11/30/12	848,205.32	845,874.92	70,489.58
12/31/12	856,784.37	852,494.85	71,041.24
			947,871.78

HMA Foundation

Checking Account	Tieout														
	January	February	March	April	May	June	July	August	September	October	November	December	Per Investment Statement Wells Fargo	Per Investment Statement Wachovia	Difference
Beginning balance	\$ 30,839 00	\$ 30,839 00	\$ 19,839 00	\$ 21,439 00	\$ 18,939 00	\$ 16,439 00	\$ 16,439 00	\$ 16,439 00	\$ 16,439 00	\$ 31,439 00	\$ 175,439 00	\$ 25,139 00			
Receipts			\$ 1,600 00	\$ -	\$ -	\$ -	\$ -	\$ 15,000 00	\$ -	\$ 150,000 00	\$ -	\$ -	\$ 168,600 00		
Transfers				\$ (2,500 00)	\$ (2,500 00)			\$ -	\$ -	\$ (6,000 00)	\$ (150,300 00)		\$ (172,300 00)		
Checks	\$ -	\$ (11,000 00)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (205 00)	\$ -		
Fees and other													\$ (205 00)		
Ending balance	\$ 30,839 00	\$ 19,839 00	\$ 21,439 00	\$ 18,939 00	\$ 16,439 00	\$ 16,439 00	\$ 16,439 00	\$ 16,439 00	\$ 31,439 00	\$ 175,439 00	\$ 25,139 00	\$ 24,934 00	\$ 24,934 00		\$ -

Investment Account													
	January	February	March	April	May	June	July	August	September	October	November	December	
Beginning balance	\$ 935,004.21	\$ 956,390.75	\$ 971,845.35	\$ 977,107.92	\$ 976,954.72	\$ -	\$ 956,179.28	\$ 973,851.43	\$ 984,853.29	\$ 995,919.78	\$ 993,614.73	\$ 843,544.51	\$ 848,205.32
Receipts	\$ 1,411.84	\$ 1,691.83	\$ 3,004.71	\$ 1,762.70	\$ 1,610.99	\$ 0.53	\$ 3,165.21	\$ 1,684.50	\$ 6,543.28	\$ 3,347.04	\$ 2,869.11	\$ 19,493.03	\$ 10,225.91
Transfers					\$ (978,991.02)	\$ 978,991.02				\$ (15,000.00)	\$ (150,000.00)		
Fees	\$ (833.33)	\$ (833.33)	\$ (833.33)	\$ (833.33)	\$ (472.22)		\$ (858.66)	\$ (859.46)	\$ (859.91)	\$ (871.30)	\$ (866.41)	\$ (872.50)	
Change in mkt value	\$ 20,608.03	\$ 14,596.10	\$ 3,091.19	\$ (1,082.57)	\$ 897.53	\$ (22,812.27)	\$ 15,324.74	\$ 10,176.82	\$ 5,383.12	\$ 10,219.21	\$ (2,067.54)	\$ (13,965.81)	\$ (774.36)
Other							\$ 40.86						
Ending balance	\$ 956,390.75	\$ 971,845.35	\$ 977,107.92	\$ 976,954.72	\$ (0.00)	\$ 956,179.28	\$ 973,851.43	\$ 984,853.29	\$ 995,919.78	\$ 993,614.73	\$ 843,544.51	\$ 848,205.32	\$ 856,784.37
</													

Combined accounts													
Beginning balance	\$ 965,843 21	\$ 987,229 75	\$ 991,684 35	\$ 998,546 92	\$ 995,893 72	\$ -	\$ 972,618 28	\$ 990,290 43	\$ 1,001,292 29	\$ 1,012,358 78	\$ 1,025,053 73	\$ 1,018,983 51	\$ 873,344 32
Investment Income	\$ 1 411 84	\$ 1 691 83	\$ 4,604 71	\$ 1,762 70	\$ 1610 99	\$ 0 53	\$ 3,165 21	\$ 1,684 50	\$ 6,543 28	\$ 18,347 04	\$ 152,869 11	\$ 19,493 03	\$ 223,410 68
Transfers	\$ -	\$ -	\$ -	\$ -	\$ (978 991 02)	\$ 978 991 02	\$ -	\$ -	\$ -	\$ (150,000 00)	\$ -	\$ -	\$ (165,000 00)
Donations	\$ -	\$ (11,000 00)	\$ -	\$ (2,500 00)	\$ (2,500 00)	\$ -	\$ -	\$ -	\$ -	\$ (6,000 00)	\$ (6,000 00)	\$ (150,300 00)	\$ (172,300 00)
Fees and other	\$ (833 33)	\$ (833 33)	\$ (833 33)	\$ (833 33)	\$ (472 22)	\$ -	\$ (858 66)	\$ (859 46)	\$ (859 91)	\$ (871 30)	\$ (871 79)	\$ (866 41)	\$ (10,070 57)
Change in mkt value	\$ 20 808 03	\$ 14,596 10	\$ 3,091 19	\$ (1,082 57)	\$ 897 53	\$ (22 812 27)	\$ 15,324 74	\$ 10,176 82	\$ 5,383 12	\$ 10,219 21	\$ (2,067 54)	\$ (13,965 81)	\$ 39,794 19
Ending balance	\$ 987,229 75	\$ 991,684 35	\$ 998,546 92	\$ 995,893 72	\$ 16,439 00	\$ 956,179 28	\$ 990,249 57	\$ 1,001,292 29	\$ 1,012,358 78	\$ 1,025,053 73	\$ 1,018,983 51	\$ 873,344 32	\$ 881,718 37

Form **8868**

(Rev. January 2013)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	HMA Foundation, Inc.	65-1115909
	Number, street, and room or suite no. If a P O box, see instructions	Social security number (SSN)
	5811 Pelican Bay Blvd., Ste. 500	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	Naples	FL 34108

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ **04**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► Health Management Associates, Inc.

Telephone No. ► (239) 598-3131 FAX No. ► (239) 598-5337

- If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year 2012 or► ☐ tax year beginning _____, and ending _____

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2013)

HTA

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☐ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization	Employer identification number (EIN) or
	Number, street, and room or suite no. If a P.O. box, see instructions	Social security number (SSN)
	City, town or post office, state, and ZIP code For a foreign address, see instructions	

Enter the Return code for the return that this application is for (file a separate application for each return) ☐

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ☐ Telephone No. ☐ FAX No. ☐
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until _____
- 5 For calendar year _____, or other tax year beginning _____, and ending _____
- 6 If the tax year entered in line 5 is for less than 12 months, check reason. ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension _____

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, this true, correct, and complete, and that I am authorized to prepare this form.

Signature ☐Title ☐ VP/ Asst. TreasurerDate ☐

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☐
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only. ☐

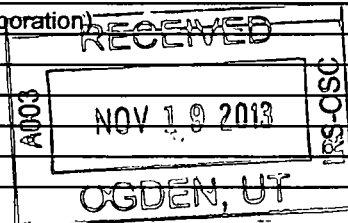
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	Number, street, and room or suite no. If a P.O. box, see instructions	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

Enter the Return code for the return that this application is for (file a separate application for each return) ☐

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12



• The books are in the care of ☐

Telephone No. ☐ FAX No. ☐

• If the organization does not have an office or place of business in the United States, check this box. ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box. ☐. If it is for part of the group, check this box. ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until ☐ , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☐ calendar year ☐ or

► ☐ tax year beginning ☐ , and ending ☐

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2013)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization	Employer identification number (EIN) or
	HMA Foundation, Inc.	65-1115909
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	5811 Pelican Bay Blvd., Ste. 500	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Naples	FL 34108

Enter the Return code for the return that this application is for (file a separate application for each return) **04**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

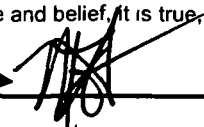
- The books are in the care of **Health Management Associates, Inc.**
Telephone No. **(239) 598-3131** FAX No. **(239) 598-5337**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **11/15/2013**
- 5 For calendar year **2012**, or other tax year beginning, and ending
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension. In order to accurately complete the return we need additional time to collect information.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **VP/Asst. Treasurer** Date **7/31/13**