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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning , and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: UNIVERSITY COMMUNITY HOSPITAL FOUNDATION, INC.

Doing Business As: FLORIDA HOSPITAL TAMPA FOUNDATION C

Number and street (or P O box if mail is not delivered to street address): 3100 EAST FLETCHER AVENUE

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: TAMPA FL 33613-4688

D Employer identification number: 59-2554889

E Telephone number: 813-971-6000

G Gross receipts $: 2,984,748

F Name and address of principal officer:
KURT STONESIFER, M.D., TREASURER
3100 EAST FLETCHER AVENUE
TAMPA FL 33613

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

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

J Website. ▶ WWW.ELEVATINGHEALTHCARE.ORG

H(c) Group exemption number ▶

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	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	35
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

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,082,028	1,454,981
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	799,106	1,115,098
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,730	0
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,906,864	2,570,079
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,441,532	1,360,318
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)	342,139	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 53,252		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	320,002	88,757
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,103,673	1,449,075
19	Revenue less expenses. Subtract line 18 from line 12	-196,809	1,121,004

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	20,203,342	22,603,692
21	Total liabilities (Part X, line 26)	254,719	1,561,070
22	Net assets or fund balances. Subtract line 21 from line 20	19,948,623	21,042,622

SCANNED SEP 09 2014

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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 — Date: 8/12/14

KURT STONESIFER, M.D. TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
GERALD L APPLEBY		08/07/14		P01057535

Firm's name ▶ MARSOCCI, APPLEBY AND COMPANY, PA — Firm's EIN ▶ 46-3981960

Firm's address ▶ 3815 WEST HUMPHREY STREET, SUITE 101 TAMPA, FL 33614 — Phone no 813-932-2116

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

For Paperwork Reduction Act Notice, see the separate instructions.
DAA

Form **990** (2013)

9 17

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☐

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 O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

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 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 $ 1,360,318 including grants of $ 1,360,318) (Revenue $)

THE PRIMARY EXEMPT PURPOSE OF UNIVERSITY COMMUNITY HOSPITAL FOUNDATION INC. (THE FOUNDATION) IS TO CONDUCT FUNDRAISING ON BEHALF OF THE 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 $)

4d Other program services. (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 1,360,318

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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	3		X
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	4		X
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	5		X
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	6		X
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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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	9		X
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	10	X	
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	11a	X	
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	11b		X
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	11c		X
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	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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 X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X	
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 and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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 (see instructions)	17		X
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	18	X	
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	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 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	23		X
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 lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
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	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
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	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

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

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

Check if Schedule O contains a response or note to any line in this Part VI X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a	22		
b	Enter the number of voting members included in line 1a, above, who are independent . . .	1b	22		
2	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? . .		2		X
3	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? . .		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . .		5		X
6	Did the organization have members or stockholders?		6		X
7a	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?		7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	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		9		X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	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?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
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?	16b		

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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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 ☐ Other (explain in Schedule O)

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 during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ JOHN NEGLEY 3100 EAST FLETCHER AVENUE TAMPA FL 33613-4688 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 or note to any line 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 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, and 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 officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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	Former			
(1) DARBRA ADAIR BOARD MEMBER	1.00 0.00	X						0	0	0
(2) ELENA AZZARELLI BOARD MEMBER	1.00 0.00	X						0	0	0
(3) CHARLES BECKENSTEIN, M.D. BOARD MEMBER	1.00 0.00	X						0	0	0
(4) SUMESH CHANDRA, M.D. BOARD MEMBER	1.00 0.00	X						0	0	0
(5) GINA GARCIA DONOVAN BOARD MEMBER	1.00 0.00	X						0	0	0
(6) ANGIE FERLITA BOARD MEMBER	1.00 0.00	X						0	0	0
(7) JACK GILLIS BOARD MEMBER	1.00 0.00	X						0	0	0
(8) ROGER JOYCE BOARD MEMBER	1.00 0.00	X						0	0	0
(9) JJ ZWIRN BOARD MEMBER	1.00 0.00	X						0	0	0
(10) STEVE LAY, M.D. BOARD MEMBER	1.00 0.00	X						0	0	0
(11) MARILYN MCPHAIL BOARD MEMBER	1.00 0.00	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 (list any hours for related organizations below dotted line)	(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	Former			
(12) FRED MEYER CHAIRMAN	1.00 0.00	X		X				0	0	0
(13) JULIE MOORE BOARD MEMBER	1.00 0.00	X						0	0	0
(14) JASON ROMANO BOARD MEMBER	1.00 0.00	X						0	0	0
(15) SEBRING SIERRA BOARD MEMBER	1.00 0.00	X						0	0	0
(16) DINA SIERRA SMITH BOARD MEMBER	1.00 0.00	X						0	0	0
(17) KURT STONESIFER, M.D. VICE CHAIR/TREASURER	1.00 0.00	X		X				0	0	0
(18) TODD TAYLOR BOARD MEMBER	1.00 0.00	X						0	0	0
(19) GARY WILLIAMS BOARD MEMBER	1.00 0.00	X						0	0	0
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

		Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4	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		X
5	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		X

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

2 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

Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	351,655			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,103,326			
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a–1f		1,454,981			
Program Service Revenue		Busn. Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a–2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,115,098			1,115,098
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental exps					
	c Rental inc or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis & sales exps					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including $ 351,655 of contributions reported on line 1c) See Part IV, line 18	a	414,669			
	b Less direct expenses	b	414,669			
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Busn. Code				
	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a–11d					
	12 Total revenue. See instructions.		2,570,079	0	0	1,115,098

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).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S. See Part IV, line 21	1,360,318	1,360,318		
2 Grants and other assistance to individuals in the U.S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S. 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				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	30,708		14,600	16,108
12 Advertising and promotion	20,719			20,719
13 Office expenses	2,314		403	1,911
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,803		4,040	1,763
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	808		808	
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER EXPENSES	25,993		15,304	10,689
b DONOR RECOGNITION	2,062			2,062
c LICENSES AND TAXES	350		350	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,449,075	1,360,318	35,505	53,252
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		56,698	1	213,756
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		2,419,860	3	1,039,410
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		4,076	9	4,565
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 61,000			
	b	Less: accumulated depreciation	10b 58,575	3,233	10c	2,425
	11	Investments—publicly traded securities		17,566,917	11	21,216,360
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		152,558	15	127,176
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		20,203,342	16	22,603,692
Liabilities	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	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		254,719	25	1,561,070
	26	**Total liabilities.** Add lines 17 through 25		254,719	26	1,561,070
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		4,596,080	27	5,083,541
	28	Temporarily restricted net assets		14,887,518	28	15,494,056
	29	Permanently restricted net assets		465,025	29	465,025
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		19,948,623	33	21,042,622
	34	Total liabilities and net assets/fund balances		20,203,342	34	22,603,692

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,570,079
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,449,075
3	Revenue less expenses. Subtract line 2 from line 1	3	1,121,004
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,948,623
5	Net unrealized gains (losses) on investments	5	-27,005
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	21,042,622

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☐

			Yes	No
1	Accounting method used to prepare the Form 990. ☐ Cash ☒ Accrual ☐ 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 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.	2c	X	
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?	3a		X
b	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.	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
UNIVERSITY COMMUNITY HOSPITAL FOUNDATION, INC.	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 described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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

a ☒ Type I b ☐ Type II c ☐ Type III–Functionally integrated d ☐ Type III–Non-functionally integrated

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?

	Yes	No
(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?		X
(ii) A family member of a person described in (i) above?		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		X

h Provide the following information about the supported organization(s).

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U S ? Yes	(vi) No	(vii) Amount of monetary support
(A) UNIVERSITY COMMUNITY HOSPITAL, INC.	59-1113901	3	X		X		X		1,360,318
(B)									
(C)									
(D)									
(E)									
Total									1,360,318

Part III **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 **Total.** 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 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** 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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

(Complete only if you checked the box on line 9 of Part I 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 **Total.** 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 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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 can 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 education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 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 Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check *all that apply*):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

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

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 XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	15,352,543	16,260,168	16,247,486	5,242,118	7,117,631
b Contributions	1,135,681	982,420	561,793	10,131,589	2,259,714
c Net investment earnings, gains, and losses	831,175	679,929	59,341	32,188	-144,735
d Grants or scholarships					
e Other expenditures for facilities and programs	1,360,318	2,515,974	662,452	-892,786	3,990,492
f Administrative expenses				51,195	
g End of year balance	15,959,081	15,352,543	16,206,168	16,247,486	5,242,118

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ %
b Permanent endowment ▶ 2.91 %
c Temporarily restricted endowment ▶ 97.09 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

	Yes	No
(i) unrelated organizations 3a(i)		X
(ii) related organizations 3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	61,000		58,575	2,425
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				2,425

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATE	1,477,227
(3) CHARITABLE GIFT ANNUITY OBLIGATIONS	83,843
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	1,561,070

2. Liability for uncertain tax positions In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	2,831,979
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	-27,005		
b	Donated services and use of facilities	2b	288,905		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	261,900
3	Subtract line 2e from line 1			3	2,570,079
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 XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	2,570,079

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	1,737,980
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
a	Donated services and use of facilities	2a	288,905		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	288,905
3	Subtract line 2e from line 1			3	1,449,075
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 XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	1,449,075

Part XIII Supplemental Information

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, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES FOR 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.

PART X - FIN 48 FOOTNOTE

PART X, LINE 2: 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;

Part XIII Supplemental Information (continued)

HOWEVER, SUCH STATUS IS SUBJECT TO FINAL DETERMINATION UPON EXAMINATION OF THE RELATED INCOME TAX RETURNS BY THE APPROPRIATE TAXING AUTHORITIES. THE FOUNDATION HAS NO UNCERTAIN TAX POSITIONS THAT IT HAS TAKEN AND BELIEVES THAT IT CAN DEFEND ITS TAX RETURN IN ANY JURISDICTION. WITH FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE US FEDERAL, STATE OR LOCAL AUTHORITIES FOR YEARS BEFORE 2010.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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. Form 990-EZ filers are not required to complete this part.

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

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

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

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund-raiser have custody or control of contributions? Yes	(iii) No	(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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶							

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 STARLIGHT GALA (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	766,324			766,324
	2 Less: Contributions	351,655			351,655
	3 Gross income (line 1 minus line 2)	414,669			414,669
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	414,669			414,669
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				414,669
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

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 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, 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:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter 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 of the third party

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY COMMUNITY HOSPITAL, INC. 3100 EAST FLETCHER AVENUE TAMPA FL 33613	59-1113901	501(C)	1,360,318				TO SUPPORT OPERATION
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1

3 Enter total number of other organizations listed in the line 1 table ▶ 0

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. Part III can be duplicated 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
1						
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

GRANTS ARE GENERALLY MADE ONLY TO THE SUPPORTED HOSPITAL ORGANIZATION OR ITS AFFILIATED SUPPORTING FOUNDATION ORGANIZATION. BOTH THE SUPPORTED HOSPITAL ORGANIZATION AND SUPPORTING FOUNDATION ORGANIZATION ARE EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501 (C)(3). ACCORDINGLY, THE FILING ORGANIZATION HAS NOT ESTABLISHED SPECIFIC PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES AS THE FILING ORGANIZATION DOES NOT HAVE A GRANT MAKING PROGRAM THAT WOULD NECESSITATE SUCH PURPOSES.

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.	2013 Open to Public Inspection

Name of the organization	Employer identification number
UNIVERSITY COMMUNITY HOSPITAL FOUNDATION, INC.	59-2554889

FORM 990 - ADDITIONAL INFORMATION

D/B/A FLORIDA HOSPITAL TAMPA FOUNDATION CORPORATION

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

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, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS

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, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

FORM 990, PART VI, SECTION B, LINE 11: THE FILING ORGANIZATION'S CURRENT YEAR FORM 990 WAS REVIEWED BY THE BOARD CHAIRMAN OF THE FILING ORGANIZATION, PRIOR TO ITS FILING WITH THE IRS. THE REVIEW CONDUCTED BY THE BOARD CHAIRMAN DID NOT INCLUDE THE REVIEW OF ANY SUPPORTING WORKPAPERS THAT WERE USED IN PREPARATION OF THE CURRENT YEAR 990, BUT DID INCLUDE A REVIEW OF THE ENTIRE FORM 990 AND ALL SUPPORTING SCHEDULES.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

FORM 990, PART XI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY OF THE ORGANIZATION APPLIES TO MEMBERS OF ITS BOARD OF TRUSTEES AND ITS

Name of the organization: UNIVERSITY COMMUNITY HOSPITAL

Employer identification number: 59-2554889

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 OPPORUNITY 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 DISCUESS, ANALYZE, AND VOTE UPON THE POTENIAL FINANCIAL INTEREST/ARRANGEMENT TO DETERMINE IF A CONFLICT OF INTEREST EXISTS. ACCORDING TO THE FILING ORGANIZATIONS'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 AFFILATED PERSON, AS DEFINED UNDER THE FILING ORGANIZATION CONFLICT OF INTEREST POLICY, SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST 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, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

FORM 990, PART XI 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.

AUDIT OVERSIGHT

THE ORGANIZATION'S FINANCE COMMITTEE IS RESPONSIBLE FOR OVERSIGHT OF THE AUDIT. THE AUDITED FINANCIAL STATEMENTS ARE REVIEWD AND APPROVED BY THE BOARD OF DIRECTORS.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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 (if applicable) 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
(1)						
(2)						
(3)						
(4)						
(5)						

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.

	(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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)	ADVENTIST BOLINGBROOK HOSPITAL 500 REMINGTON BLVD. 65-1219504 BOLINGBROOK IL 60440	OPERATION	IL	501C3	3	ADVENTIST		X
(2)	ADVENTIST CARE CENTERS - COURTLAND, 730 COURTLAND STREET 20-5774723 ORLANDO FL 32804	OPERATION	FL	501C3	9	SUNBELT HL		X
(3)	ADVENTIST GLENOAKS HOSPITAL 701 WINTHROP AVENUE 36-3208390 GLENDALE HEIGHTS IL 60139	OPERATION	IL	501C3	3	ADVENTIST		X
(4)	ADVENTIST HINSDALE HOSPITAL 120 NORTH OAK STREET 36-2276984 HINSDALE IL 60521	OPERATION	IL	501C3	3	ADVENTIST		X
(5)	ADVENTIST HLTH MID-AMERICA, INC. 9100 W. 74TH STREET 52-1347407 SHAWNEE MISSION KS 66204	HLTHCARE R	KS	501C3	11A	ADVENTIST		X

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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 (if applicable) 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
(1)						
(2)						
(3)						
(4)						
(5)						

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.

	(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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)	ADVENTIST HLTH PARTNERS, INC. 1000 REMINGTON BLVD., STE 200 36-4138353 BOLINGBROOK IL 60440	OPERATE OU	IL	501C3	3	AHS MIDWES		X
(2)	ADVENTIST HLTH SYSTEM AFFILIATED BE 900 HOPE WAY 26-6422966 ALTAMONTE SPRINGS FL 32714	PROMOTION	FL	501C3	11A	ADVENTIST		X
(3)	ADVENTIST HLTH SYSTEM SUNBELT HLTHC 900 HOPE WAY 59-2170012 ALTAMONTE SPRINGS FL 32714	MANAGEMENT	FL	501C3	11A	N/A		X
(4)	ADVENTIST HLTH SYSTEM/GEORGIA, INC. 1035 RED BUD ROAD 58-1425000 CALHOUN GA 30701	OPERATION	GA	501C3	3	ADVENTIST		X
(5)	ADVENTIST HLTH SYSTEM/SUNBELT, INC. 900 HOPE WAY 59-1479658 ALTAMONTE SPRINGS FL 32714	OPERATION	FL	501C3	3	ADVENTIST		X

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
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OMB No 1545-0047

2013

Open to Public Inspection

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 (if applicable) 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
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(2)						
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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.

	(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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)	ADVENTIST HLTH SYSTEM/TEXAS, INC. 602 COURTLAND STREET 74-2578952 ORLANDO FL 32804	LEASING PE	TX	501C3	PF	ADVENTIST		X
(2)	ADVENTIST UNIVERSITY OF HEALTH SCIE 671 LAKE WINYAH DRIVE 59-3069793 ORLANDO FL 32803	EDUCATION/	FL	501C3	2	ADVENTIST		X
(3)	AHS MIDWEST MANAGEMENT, INC. 1000 REMINGTON BLVD., STE 200 36-3354567 BOLINGBROOK IL 60440	OPERATION	IL	501C3	11A	ADVENTIST		X
(4)	AHS/CENTRAL TEXAS, INC. 1301 WONDER WORLD DRIVE 74-2621825 SAN MARCOS TX 78666	PROVIDE OF	TX	501C3	PF	ADVENTIST		X
(5)	APOPKA HLTH CARE PROPERTIES, INC. 305 E. OAK STREET 51-0605694 APOPKA FL 32703	LEASE TO R	GA	501C3	PF	SUNBELT HL		X

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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Employer identification number: 59-2554889

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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.

	(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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)	BATTLE CREEK ADVENTIST HOSPITAL 1000 REMINGTON BLVD., STE 200 38-1359189 BOLINGBROOK IL 60440	INACTIVE	MI	501C3	3	ADVENTIST		X
(2)	BOLINGBROOK HOSPITAL FOUNDATION 1000 REMINGTON BLVD. N. ENTRANCE, 2 90-0494445 BOLINGBROOK IL 60440	FUND-RAISI	IL	501C3	7	MIDWEST HL		X
(3)	BRADFORD HEIGHTS HLTH & REHAB CENTE 950 HIGHPOINT DRIVE 20-5782342 HOPKINSVILLE KY 42240	OPERATION	KY	501C3	9	SUNBELT HL		X
(4)	BURLESON NURSING & REHAB CENTER, IN 301 HUGULEY BLVD. 20-5782243 BURLESON TX 76028	OPERATION	TX	501C3	9	SUNBELT HL		X
(5)	CALDWELL HLTH CARE PROPERTIES, INC. 1333 WEST MAIN 51-0605680 PRINCETON KY 42445	LEASE TO R	GA	501C3	PF	SUNBELT HL		X

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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Employer identification number: 59-2554889

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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.

	(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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)	CEDAR CRAG TERRACE, INC. (6/30 YEAR RT 5, BOX 900 61-1120442 MANCHESTER KY 40962	OPERATION	KY	501C3	7	MEMORIAL H		X
(2)	CENTRAL TEXAS HLTHCARE COLLABORATIV 1301 WONDER WORLD DRIVE 45-3739929 SAN MARCOS TX 78666	SUPPORT OP	TX	501C3	11A	ADVENTIST		X
(3)	CENTRAL TEXAS MEDICAL CENTER FOUNDA 1301 WONDER WORLD DRIVE 74-2259907 SAN MARCOS TX 78666	FUND-RAISI	TX	501C3	7	ADVENTIST		X
(4)	CHICKASAW HLTH CARE PROPERTIES, INC 250 S. CHICKASAW TRAIL 51-0605681 ORLANDO FL 32825	LEASE TO R	GA	501C3	PF	SUNBELT HL		X
(5)	CHIPPEWA VALLEY HOSPITAL & OAKVIEW 1220 THIRD AVENUE WEST 39-1365168 DURAND WI 54736	OPERATION	WI	501C3	3	ADVENTIST		X

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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Employer identification number: 59-2554889

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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.

	(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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)	COBB MEDICAL ASSOCIATES, LLC 3949 SOUTH COBB DRIVE SE 58-2617089 SMYRNA GA 30080	OPERATION	GA	501C3	3	EMORY-ADVE		X
(2)	COURTLAND HLTH CARE PROPERTIES, INC 730 COURTLAND STREET 51-0605682 ORLANDO FL 32804	LEASE TO R	GA	501C3	PF	SUNBELT HL		X
(3)	CREEKWOOD PLACE NURSING & REHAB CEN 683 E. THIRD STREET 20-5782260 RUSSELLVILLE KY 42276	OPERATION	KY	501C3	9	SUNBELT HL		X
(4)	DAIRY ROAD HLTH CARE PROPERTIES, IN 7350 DAIRY ROAD 51-0605684 ZEPHYRHILLS FL 33540	LEASE TO R	GA	501C3	PF	SUNBELT HL		X
(5)	EAST ORLANDO HLTH & REHAB CENTER, I 250 S. CHICKASAW TRAIL 20-5774748 ORLANDO FL 32825	OPERATION	FL	501C3	9	SUNBELT HL		X

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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Employer identification number: 59-2554889

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(a) Name, address, and EIN (if applicable) 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
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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.

(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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) EMORY-ADVENTIST, INC. 3949 SOUTH COBB DRIVE 58-2171011 SMYRNA GA 30080	OPERATION	GA	501C3	3	ADVENTIST		X
(2) FLETCHER HOSPITAL, INC. 100 HOSPITAL DRIVE 56-0543246 HENDERSONVILLE NC 28792	OPERATION	NC	501C3	3	ADVENTIST		X
(3) FLNC, INC. 3355 E. SEMORAN BLVD. 20-5774761 APOPKA FL 32703	OPERATION	FL	501C3	9	SUNBELT HL		X
(4) FLORIDA HOSPITAL HEALTHCARE PARTNER 301 MEMORIAL MEDICAL PARKWAY 46-2354804 DAYTONA BEACH FL 32117	OPERATION	FL	501C3	3	ADVENTIST		X
(5) FLORIDA HOSPITAL MEDICAL GROUP, INC 900 WINDERLEY PLACE 59-3214635 MAITLAND FL 32751	OPERATION	FL	501C3	3	ADVENTIST		X

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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(a) Name, address, and EIN (if applicable) 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
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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.

(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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) FLORIDA HOSPITAL PHYSICIAN GROUP, I 14055 RIVEREDGE DRIVE, STE 250 46-2021581 TAMPA FL 33637	OPERATION	FL	501C3	3	ADVENTIST		X
(2) FLORIDA HOSPITAL WATERMAN, INC. 1000 WATERMAN WAY 59-3140669 TAVARES FL 32778	OPERATION	FL	501C3	3	ADVENTIST		X
(3) FLORIDA HOSPITAL ZEPHYRHILLS, INC. 7050 GALL BLVD. 59-2108057 ZEPHYRHILLS FL 33541	OPERATION	FL	501C3	3	ADVENTIST		X
(4) FOUNDATION FOR SHAWNEE MISSION MEDI 9100 W. 74TH STREET 48-0868859 SHAWNEE MISSION KS 66204	FUND-RAISI	KS	501C3	11A	SHAWNEE MI		X
(5) GLENOAKS HOSPITAL FOUNDATION 701 WINTHROP AVENUE 36-3926044 GLENDALE HEIGHTS IL 60139	FUND-RAISI	IL	501C3	7	MIDWEST HL		X

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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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.

	(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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1)	HELEN ELLIS MEMORIAL HOSPITAL AUXIL 1395 S. PINELLAS AVE. 59-2106043 TARPON SPRINGS FL 34689	FUND-RAISI	FL	501C3	3	TARPON SPR		X
(2)	HELEN ELLIS MEMORIAL HOSPITAL FOUND 1395 S. PINELLAS AVE. 59-3690149 TARPON SPRINGS FL 34689	FUND-RAISI	FL	501C3	3	TARPON SPR		X
(3)	HINSDALE HOSPITAL FOUNDATION 7 SALT CREEK LANE, SUITE 203 52-1466387 HINSDALE IL 60521	FUND-RAISI	IL	501C3	3	MIDWEST HL		X
(4)	IN-MOTION REHAB, INC. 602 COURTLAND STREET, STE. 200 20-8023411 ORLANDO FL 32804	THERAPY SE	KS	501C3	PF	SUNBELT HL		X
(5)	JELLICO COMMUNITY HOSPITAL, INC. 188 HOSPITAL LANE 62-0924706 JELLICO TN 37762	OPERATION	TN	501C3	3	ADVENTIST		X

SCHEDULE R (Form 990)

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(1)	JOHNSON COUNTY COMMUNITY CARE CORPO 11801 SOUTH FREEWAY 45-2793120 BURLESON TX 76028	SUPPORT OP	TX	501C3	11A	ADVENTIST		X
(2)	LA GRANGE MEMORIAL HOSPITAL FOUNDAT 5101 S WILLOW SPRINGS RD 30-0247776 LA GRANGE IL 60525	FUND-RAISI	IL	501C3	3	MIDWEST HL		X
(3)	MEMORIAL HLTH SYSTEMS FOUNDATION, I 770 WEST GRANADA BLVD. 31-1771522 ORMOND BEACH FL 32174	FUND-RAISI	FL	501C3	7	MEMORIAL H		X
(4)	MEMORIAL HLTH SYSTEMS, INC. 301 MEMORIAL MEDICAL PARKWAY 59-0973502 DAYTONA BEACH FL 32117	OPERATION	FL	501C3	7	ADVENTIST		X
(5)	MEMORIAL HOSPITAL - WEST VOLUSIA, I 701 WEST PLYMOUTH AVENUE 59-3256803 DELAND FL 32720	OPERATION	FL	501C3	3	MEMORIAL H		X

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(1)	MEMORIAL HOSPITAL FLAGLER, INC. 60 MEMORIAL MEDICAL PARKWAY 59-2951990 PALM COAST FL 32164	OPERATION	FL	501C3	3	MEMORIAL H		X
(2)	MEMORIAL HOSPITAL, INC. 210 MARIE LANGDON DRIVE 61-0594620 MANCHESTER KY 40962	OPERATION	KY	501C3	3	ADVENTIST		X
(3)	MERRIAM HLTH CARE PROPERTIES, INC. 9700 WEST 62ND STREET 36-4595806 MERRIAM KS 66203	LEASE TO R	KS	501C3	7	SUNBELT HL		X
(4)	METROPLEX ADVENTIST HOSPITAL, INC. 2201 S. CLEAR CREEK ROAD 74-2225672 KILLEEN TX 76549	OPERATION	TX	501C3	3	ADVENTIST		X
(5)	METROPLEX CLINIC PHYSICIANS, INC. 2201 S. CLEAR CREEK ROAD 11-3762050 KILLEEN TX 76549	PHYSICIAN	TX	501C3	3	METROPLEX		X

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(1)	METROPLEX HOSPITAL, INC. 900 HOPE WAY 46-1256516 ALTAMONTE SPRINGS FL 32714	FUTURE OPE	FL	501C3	3	ADVENTIST		X
(2)	MIDWEST HLTH FOUNDATION 120 NORTH OAK STREET 35-2230515 HINSDALE IL 60521	SUPPORT OF	IL	501C3	PF	N/A		X
(3)	MILLS HLTH & REHAB CENTER, INC. 500 BECK LANE 20-5782320 MAYFIELD KY 42066	OPERATION	KY	501C3	9	SUNBELT HL		X
(4)	MISSION STRATEGIES OF GEORGIA, INC. 3949 S. COBB DRIVE 90-0866024 SMYRNA GA 30080	PROVISION	GA	501C3	PF	SUNBELT HL		X
(5)	MISSION STRATEGIES, INC. 602 COURTLAND STREET, STE. 200 20-5982365 ORLANDO FL 32804	PROVISION	KS	501C3	PF	SUNBELT HL		X

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(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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) MISSOURI ADVENTIST HLTH, INC. 9100 W. 74TH STREET 43-1224729 SHAWNEE MISSION KS 66204	SUPPORT HL	MO	501C3	PF	ADVENTIST		X
(2) NORTH REGIONAL EMS, INC. 188 HOSPITAL LANE 26-2653616 JELLICO TN 37762	EMS SERVIC	TN	501C3	3	JELLICO CO		X
(3) ORMOND BEACH MEMORIAL HOSPITAL AUXI 301 MEMORIAL MEDICAL PARKWAY 59-1721962 DAYTONA BEACH FL 32117	VOLUNTEER	FL	501C3	3	MEMORIAL H		X
(4) OVERLAND PARK NURSING & REHAB CENTE 6501 WEST 75TH STREET 20-5774821 OVERLAND PARK KS 66204	OPERATION	KS	501C3	PF	SUNBELT HL		X
(5) PARAGON HLTH CARE PROPERTIES, INC. 950 HIGHPOINT DRIVE 51-0605686 HOPKINSVILLE KY 42240	LEASE TO R	GA	501C3	PF	SUNBELT HL		X

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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 (if applicable) 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
(1)					
(2)					
(3)					
(4)					
(5)					

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.

(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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) PASCO-PINELLAS HILLSBOROUGH COMMUNI 2400 BEDFORD ROAD 20-8488713 ORLANDO FL 32803	OPERATION	FL	501C3	6	ADVENTIST		X
(2) PORTERCARE ADVENTIST HLTH SYSTEM (2525 S. DOWNING STREET 84-0438224 DENVER CO 80210	OPERATION	CO	501C3	3	ADVENTIST		X
(3) PORTLAND NURSING & REHAB CENTER, IN 215 HIGHLAND CIRCLE DRIVE 20-5774842 PORTLAND TN 37148	OPERATION	TN	501C3	PF	SUNBELT HL		X
(4) PRINCETON HLTH & REHAB CENTER, INC. 1333 WEST MAIN 20-5782272 PRINCETON KY 42445	OPERATION	KY	501C3	PF	SUNBELT HL		X
(5) PRINCETON PROFESSIONAL SERVICES, IN 601 E. ROLLINS STREET 59-1191045 ORLANDO FL 32803	PROVISION	FL	501C3	PF	ADVENTIST		X

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
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OMB No 1545-0047

2013

Open to Public Inspection

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 (if applicable) 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
(1)						
(2)						
(3)						
(4)						
(5)						

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.

	(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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)	QUALITY CIRCLE FOR HLTHCARE, INC. 900 HOPE WAY 26-3789368 ALTAMONTE SPRINGS FL 32714	HLTHCARE Q	FL	501C3	3	ADVENTIST		X
(2)	RESOURCE PERSONNEL, INC. 602 COURTLAND STREET, STE. 200 20-8040875 ORLANDO FL 32804	PROVIDE AD	FL	501C3	PF	SUNBELT HL		X
(3)	ROCKY MOUNTAIN ADVENTIST HLTHCARE F 2525 SOUTH DOWNING STREET 84-0745018 DENVER CO 80210	FUND-RAISI	CO	501C3	PF	PORTERCARE		X
(4)	ROLLINS BROOK COMMUNITY CARE CORP 2201 S. CLEAR CREEK ROAD 46-1656773 KILLEEN TX 76549	INACTIVE	TX	501C3	PF	ADVENTIST		X
(5)	RUSSELLVILLE HLTH CARE PROPERTIES, 683 EAST THIRD STREET 51-0605691 RUSSELLVILLE KY 42276	LEASE TO R	GA	501C3	PF	SUNBELT HL		X

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
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OMB No. 1545-0047

2013

Open to Public Inspection

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 (if applicable) 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
(1)						
(2)						
(3)						
(4)						
(5)						

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.

	(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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)	SAN MARCOS HLTH CARE PROPERTIES, IN 1900 MEDICAL PARKWAY 51-0605693 SAN MARCOS TX 78666	LEASE TO R	GA	501C3	3	SUNBELT HL		X
(2)	SAN MARCOS NURSING & REHAB CENTER, 1900 MEDICAL PARKWAY 20-5782224 SAN MARCOS TX 78666	OPERATION	TX	501C3	3	SUNBELT HL		X
(3)	SHAWNEE MISSION HLTH CARE, INC. 6501 WEST 75TH STREET 48-0952508 OVERLAND PARK KS 66204	LEASE TO R	KS	501C3	11A	SUNBELT HL		X
(4)	SHAWNEE MISSION MEDICAL CENTER, INC 9100 W. 74TH STREET 48-0637331 SHAWNEE MISSION KS 66204	OPERATION	KS	501C3	11B	ADVENTIST		X
(5)	SOUTH CENTRAL NURSING HOMES PROPERT 900 HOPE WAY 59-3686109 ALTAMONTE SPRINGS FL 32714	MANAGEMENT	GA	501C3	PF	SOUTH CENT		X

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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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 (if applicable) 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
(1)					
(2)					
(3)					
(4)					
(5)					

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.

(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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) SOUTH CENTRAL NURSING HOMES, INC. 602 COURTLAND STREET 61-1242373 ORLANDO FL 32804	MANAGEMENT	KY	501C3	PF	SOUTH CENT		X
(2) SOUTH CENTRAL PROPERTIES III, INC. 900 HOPE WAY 59-3692860 ALTAMONTE SPRINGS FL 32714	REAL ESTAT	GA	501C2	PF	SOUTH CENT		X
(3) SOUTH CENTRAL PROPERTIES IV, INC. 900 HOPE WAY 59-3692862 ALTAMONTE SPRINGS FL 32714	REAL ESTAT	GA	501C2	PF	SOUTH CENT		X
(4) SOUTH CENTRAL PROPERTIES VI, INC. 900 HOPE WAY 59-3692857 ALTAMONTE SPRINGS FL 32714	REAL ESTAT	GA	501C2	PF	SOUTH CENT		X
(5) SOUTH CENTRAL PROPERTIES, INC. 900 HOPE WAY 59-3651692 ALTAMONTE SPRINGS FL 32714	REAL ESTAT	GA	501C2	PF	SOUTH CENT		X

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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Employer identification number: 59-2554889

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(a) Name, address, and EIN (if applicable) 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
(1)					
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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.

(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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) SOUTH CENTRAL, INC. 602 COURTLAND STREET 59-3689740 ORLANDO FL 32804	MANAGEMENT	GA	501C3	PF	N/A		X
(2) SOUTH PASCO HLTH CARE PROPERTIES, I 38250 A AVENUE 51-0605679 ZEPHYRHILLS FL 33542	LEASE TO R	GA	501C3	PF	SUNBELT HL		X
(3) SOUTHWEST VOLUSIA HLTH SERVICES, IN 1055 SAXON BLVD. 59-3281591 ORANGE CITY FL 32763	MEDICAL OF	FL	501C3	PF	SOUTHWEST		X
(4) SOUTHWEST VOLUSIA HLTHCARE CORP 1055 SAXON BLVD. 59-3149293 ORANGE CITY FL 32763	OPERATION	FL	501C3	PF	ADVENTIST		X
(5) SPECIALTY PHYSICIANS OF CENTRAL TEX 1301 WONDER WORLD DRIVE 20-8814408 SAN MARCOS TX 78666	PHYSICIAN	TX	501C3	PF	ADVENTIST		X

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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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.

(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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) SPRING VIEW HLTH & REHAB CENTER, IN 718 GOODWIN LANE 20-5782288 LEITCHFIELD KY 42754	OPERATION	KY	501C3	3	SUNBELT HL		X
(2) SUNBELT HLTH & REHAB CENTER - APOPK 305 EAST OAK STREET 20-5774856 APOPKA FL 32703	OPERATION	FL	501C3	PF	SUNBELT HL		X
(3) SUNBELT HLTH CARE CENTERS, INC. 602 COURTLAND STREET, STE. 200 58-1473135 ORLANDO FL 32804	MANAGEMENT	TN	501C3	3	ADVENTIST		X
(4) SUNSYSTEM DEVELOPMENT CORP 900 HOPE WAY 59-2219301 ALTAMONTE SPRINGS FL 32714	FUND RAISI	FL	501C3	PF	ADVENTIST		X
(5) TARPON SPRINGS HOSPITAL FOUNDATION, 1395 S. PINELLAS AVE. 59-0898901 TARPON SPRINGS FL 34689	OPERATION	FL	501C3	3	UNIVERSITY		X

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

(a) Name, address, and EIN (if applicable) 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
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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.

(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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) TARRANT COUNTY HLTH CARE PROPERTIES 301 HUGULEY BLVD. 51-0605677 BURLESON TX 76028	LEASE TO R	GA	501C3	3	SUNBELT HL		X
(2) TAYLOR CREEK HLTH CARE PROPERTIES, 718 GOODWIN LANE 51-0605678 LEITCHFIELD KY 42754	LEASE TO R	GA	501C3	3	SUNBELT HL		X
(3) THE VOLUNTEER AUXILIARY OF FLORIDA 60 MEMORIAL MEDICAL PARKWAY 59-2486582 PALM COAST FL 32164	VOLUNTEER	FL	501C3	PF	MEMORIAL H		X
(4) TRINITY NURSING & REHAB CENTER, INC 9700 WEST 62ND STREET 20-5774890 MERRIAM KS 66203	OPERATION	KS	501C3	3	SUNBELT HL		X
(5) UNIVERSITY COMMUNITY HOSPITAL FOUND 3100 E. FLETCHER AVE 59-2554889 TAMPA FL 33613	FUND-RAISI	FL	501C3	3	UNIVERSITY		X

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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OMB No 1545-0047

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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 (if applicable) 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
(1)						
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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.

	(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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)	UNIVERSITY COMMUNITY HOSPITAL SPECI 3100 E. FLETCHER AVE 59-3231322 TAMPA FL 33613	INACTIVE	FL	501C3	3	UNIVERSITY		X
(2)	UNIVERSITY COMMUNITY HOSPITAL, INC. 3100 E. FLETCHER AVE 59-1113901 TAMPA FL 33613	OPERATION	FL	501C3	3	ADVENTIST		X
(3)	WEST KENTUCKY HLTH CARE PROPERTIES, 500 BECK LANE 51-0605676 MAYFIELD KY 42066	LEASE TO R	GA	501C3	3	SUNBELT HL		X
(4)	ZEPHYR HAVEN HLTH & REHAB CENTER, I 38250 A AVENUE 20-5774930 ZEPHYRHILLS FL 33542	OPERATION	FL	501C3	PF	SUNBELT HL		X
(5)	ZEPHYRHILLS HLTH & REHAB CENTER, IN 7350 DAIRY ROAD 20-5774967 ZEPHYRHILLS FL 33540	OPERATION	FL	501C3	PF	SUNBELT HL		X

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispro-portionate alloc ? Yes	(h) Dispro-portionate alloc ? No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
(1)APPALACHIAN THERAPY SERVICES, LLC 100 HOSPITAL DRIVE HENDERSONVILLE NC 28792 20-2463851	THERAPY ST	NC	N/A	N/A	N/A	N/A	N	N/A	N/A	N	N/A	
(2)CLEAR CREEK MOB, LTD 2201 S. CLEAR CREEK RD KILLEEN TX 76549 74-2609195	REAL ESTAT	TX	N/A	N/A	N/A	N/A	N	N/A	N/A	N	N/A	
(3)ENDOSCOPY CENTER AT PORTER, LLC 1001 SOUTH PARK DRIVE LITTLETON CO 80120 20-5855038	MEDICAL SE	CO	N/A	N/A	N/A	N/A	N	N/A	N/A	N	N/A	
(4)FLORIDA HOSPITAL DME/RT, LLC 2450 MAITLAND CENTER PKWY, STE 200 MAITLAND FL 32751 20-2392253	MEDICAL EQ	FL	N/A	N/A	N/A	N/A	N	N/A	N/A	N	N/A	

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.

(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	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
(1)ALTAMONTE MEDICAL PLAZA CONDOMINIUM 601 EAST ROLLINS STREET ORLANDO FL 32803 59-2855792	CONDO ASSO	FL	N/A	C	N/A	N/A	N/A		X
(2)APOPKA MEDICAL PLAZA CONDOMINIUM AS 601 EAST ROLLINS STREET ORLANDO FL 32803 59-3000857	CONDO ASSO	FL	N/A	C	N/A	N/A	N/A		X
(3)C.C. MOB, INC. 2201 S. CLEAR CREEK ROAD KILLEEN TX 76549 74-2616875	REAL ESTAT	TX	N/A	C	N/A	N/A	N/A		X
(4)CENTRAL TEXAS MEDICAL ASSOCIATES 1301 WONDER WORLD DRIVE SAN MARCOS TX 78666 74-2729873	PHYSICIAN	TX	N/A	C	N/A	N/A	N/A		X

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispro-portionate alloc ? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)FLORIDA HOSPITAL HOME INFUSION 2450 MAITLAND CENTER PKWY, STE 200 MAITLAND FL 32751 59-3142824	HOME INFUS	FL	N/A	N/A	N/A	N/A	N/A		N/A	N/A		
(2)KCCC/SMMC CANCER CENTER, LLC (1/1-4 9100 W. 74TH STREET SHAWNEE MISSION KS 66204 27-0909763	EQUIPMENT	KS	N/A	N/A	N/A	N/A	N/A		N/A	N/A		
(3)PAHS/USP SURGERY CENTERS, LLC 15305 DALLAS PKWY, STE 1600, LB 28 ADDISON TX 75010 26-3057950	MEDICAL SE	CO	N/A	N/A	N/A	N/A	N/A		N/A	N/A		
(4)SAN MARCOS M.R.I., LP 1330 WONDER WORLD DR, STE 202 SAN MARCOS TX 78666 77-0597972	IMAGING &	TX	N/A	N/A	N/A	N/A	N/A		N/A	N/A		

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.

(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	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)CENTRAL TEXAS PROVIDER'S NETWORK 1301 WONDER WORLD DRIVE SAN MARCOS TX 78666 74-2827652	PHYSICIAN	TX	N/A	C	N/A	N/A	N/A		X
(2)FLORIDA HOSPITAL FLAGLER MEDICAL OF 60 MEMORIAL MEDICAL PARKWAY PALM COAST FL 32164 26-2158309	CONDO ASSO	FL	N/A	C	N/A	N/A	N/A		X
(3)FLORIDA HOSPITAL HEALTHCARE SYSTEM, 602 COURTLAND STREET ORLANDO FL 32804 59-3215680	PHO/TPA-FL	FL	N/A	C	N/A	N/A	N/A		X
(4)FLORIDA MEDICAL PLAZA CONDO ASSOCIA 601 EAST ROLLINS STREET ORLANDO FL 32803 59-2855791	CONDO ASSO	FL	N/A	C	N/A	N/A	N/A		X

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.? Yes	(h) Disproportionate alloc.? No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
(1) SHAWNEE MISSION OPEN MRI, LLC 9100 W. 74TH STREET, BOX 2923 SHAWNEE MISSION KS 66201 27-0011796	IMAGING &	KS	N/A	N/A	N/A	N/A	N	/A	N/A	N	/A	
(2)												
(3)												
(4)												

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.

(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	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
(1) FLORIDA MEMORIAL HEALTH NETWORK, IN 770 W. GRANADA BLVD., STE. 317 ORMOND BEACH FL 32174 59-3403558	PHYSICIAN	FL	N/A	C	N/A	N/A	N/A		X
(2) HUGULEY ALLIANCE FOUNDATION 11801 SOUTH FREEWAY FORT WORTH TX 76115 75-2642209	INACTIVE-T	TX	N/A	C	N/A	N/A	N/A		X
(3) KISSIMMEE MULTISPECIALTY CLINIC CON 201 HILDA STREET, SUITE 30 KISSIMMEE FL 34741 59-3539564	CONDO ASSO	FL	N/A	C	N/A	N/A	N/A		X
(4) MIDWEST MANAGEMENT SERVICES, INC. 9100 WEST 74TH STREET SHAWNEE MISSION KS 66204 48-0901551	REAL ESTAT	KS	N/A	C	N/A	N/A	N/A		X

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispro-portionate alloc.? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
(3)												
(4)												

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.

(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	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)METROPLEX ADVENTIST HOSPITAL CRNA (2201 S. CLEAR CREEK ROAD KILLEEN TX 76549 26-0760794	SUPPORT HO	TX	N/A	C	N/A	N/A	N/A		X
(2)NORTH AMERICAN HEALTH SERVICES, INC 111 N. ORLANDO AVENUE WINTER PARK FL 32789 62-1041820	LESSOR/HOL	FL	N/A	C	N/A	N/A	N/A		X
(3)ORMOND PROFESSIONAL CONDO ASSOCIATI 770 W. GRANADA BLVD., STE 101 ORMOND BEACH FL 32174 59-2694434	CONDO ASSO	FL	N/A	C	N/A	N/A	N/A		X
(4)PARK RIDGE PROPERTY OWNER'S ASSOCIA 1 PARK PLACE, NAPLES ROAD FLETCHER NC 28732 03-0380531	CONDO ASSO	NC	N/A	C	N/A	N/A	N/A		X

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.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispro-portionate alloc.? Yes	(h) Dispro-portionate alloc.? No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													

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.

(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	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
(1) PORTER AFFILIATED HLTH SERVICES, IN 2525 S. DOWNING STREET DENVER CO 80210 84-0956175	HEALTHCARE	CO	N/A	C	N/A	N/A	N/A		X
(2) SAN MARCOS REGIONAL MRI, INC. 1301 WONDER WORLD DRIVE SAN MARCOS TX 78666 77-0597968	HOLDING CO	TX	N/A	C	N/A	N/A	N/A		X
(3) THE GARDEN RETIREMENT COMMUNITY, IN 602 COURTLAND STREET, STE. 200 ORLANDO FL 32804 59-3414055	REAL ESTAT	FL	N/A	C	N/A	N/A	N/A		X
(4) UNIVERSITY COMMUNITY HEALTH INSURAN P.O. BOX 69GT CAYMAN ISLANDS	CAPTIVE IN		N/A	C	N/A	N/A	N/A		X

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispro-portionate alloc ? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
(3)												
(4)												

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.

(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	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)UCH SERVICES, INC. (1/1-6/12/13) 3100 EAST FLETCHER AVE. TAMPA FL 33613 59-3508454	MANAGEMENT	FL	N/A	C	N/A	N/A	N/A		X
(2)WINTER PARK MEDICAL OFFICE BUILDING 200 LAKEMONT AVE. WINTER PARK FL 32792 45-2228478	PHYSICIAN	FL	N/A	C	N/A	N/A	N/A		X
(3)									
(4)									

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
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 or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

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 related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UNIVERSITY COMMUNITY HOSPITAL, INC.	K	60,374	IN-KIND FMV
(2)	UNIVERSITY COMMUNITY HOSPITAL, INC.	B	1,360,318	COST
(3)	UNIVERSITY COMMUNITY HOSPITAL, INC.	O	288,905	IN-KIND FMV
(4)	UCH AUXILIARY, INC.	C	239,091	CASH
(5)	ADVENTIST HEALTH SYSTEM SUNBELT HEA	C	110,340	CASH
(6)	UNIVERSITY COMMUNITY HOSPITAL, INC.	C	10,000	CASH

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
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 or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

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 related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UNIVERSITY COMMUNITY HOSPITAL, INC.	C	10,000	CASH
(2)	UNIVERSITY COMMUNITY HOSPITAL, INC.	C	5,000	CASH
(3)				
(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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII **Supplemental Information**
Provide additional information for responses to questions on Schedule R (see instructions).

SCHEDULE R - ADDITIONAL INFORMATION

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIPS:

NAME AND EIN OF RELATED ORGANIZATION:

APPALACHIAN THERAPY SERVICES, LLC.

EIN: 20-2463851

DIRECT CONTROLLING ENTITY: FLETCHER HOSPITAL, INC.

CLEAR CREEK MOB, LTD.

EIN: 74-2609195

DIRECT CONTROLLING ENTITY: CLEAR CREEK MOD, INC.

ENDOSCOPY CENTER AT PORTER, LLC.

EIN: 20-5855038

DIRECT CONTROLLING ENTITY: PORTERCARE ADVENTIST HEALTH SYSTEMS

FLORIDA HOSPITAL DME/RT, LLC

EIN: 20-2392253

DIRECT CONTROLLING ENTITY: PRINCETON PROF SERVICES, INC.

FLORIDA HOSPITAL HOME INFUSION

EIN: 59-3142824

DIRECT CONTROLLING ENTITY: PRINCETON PROF SERVS/FH WATERMAN

KCCC/SMMC CANCER CENTER, LLC (1/1 - 4/1/12)

EIN: 27-0909763

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

DIRECT CONTROLLING ENTITY: SHAWNEE MISSION MED CTR, INC.

PAHS/USP SURGERY CENTERS, LLC.

EIN: 26-3057950

DIRECT CONTROLLING ENTITY: PORTERCARE ADVENTIST HEALTH SYSTEM

SAN MARCOS M.R.I., LP

EIN: 77-0597972

DIRECT CONTROLLING ENTITY: ADVENTIST HLTH SYSTEM/SUNBELT, INC.

SHAWNEE MISSION OPEN MRI, LLC

EIN: 27-0011796

DIRECT CONTROLLING ENTITY: SHAWNEE MISSION MED CTR, INC.

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME AND ADDRESS OF RELATED ORGANIZATION:

UNIVERSITY COMMUNITY HEALTH INSURANCE COMPANY SPC, LTD

C/O AON INSURANCE MANAGERS

PO BOX 69GT

GRAND CAYMAN, CAYMAN ISLANDS