



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



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

2014

Open to Public
Inspection

A For the 2014 calendar year, or tax year beginning _____, and ending _____

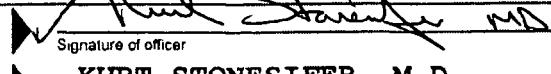
B Check if applicable:	C Name of organization UNIVERSITY COMMUNITY HOSPITAL FOUNDATION, INC.	D Employer identification number 59-2554889
<input type="checkbox"/> Address change	Doing business as FLORIDA HOSPITAL TAMPA FOUNDATION C	E Telephone number 813-971-6000
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) 3100 EAST FLETCHER AVENUE	F City or town, state or province, country, and ZIP or foreign postal code TAMPA FL 33613-4688
<input type="checkbox"/> Initial return		G Gross receipts 5,205,692
<input type="checkbox"/> Final return/ terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
J Website ► WWW.ELEVATINGHEALTHCARE.ORG		H(c) Group exemption number ►
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►	L Year of formation 1985	M State of legal domicile FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities FUNDRAISING FOR THE NEEDS OF UNIVERSITY COMMUNITY HOSPITAL, INC.	
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3 14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 14
Expenses	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5 0
	6 Total number of volunteers (estimate if necessary)	6 6
Net Assets or Fund Balances	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0
	b Net unrelated business taxable income from Form 990-T, line 34	7b 0
	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,454,981 Current Year 3,723,021
	9 Program service revenue (Part VIII, line 2g)	1,115,098 1,388,533
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,570,079 5,111,554
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,360,318 812,384
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0
	b Total fundraising expenses (Part IX, column (D), line 25) ► 4,524	88,757 18,548
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,449,075 830,932	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,121,004 4,280,622	
19 Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year 22,603,692 End of Year 26,121,924	
20 Total assets (Part X, line 16)	1,561,070 798,680	
21 Total liabilities (Part X, line 26)	21,042,622 25,323,244	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	Signature of officer  KURT STONESIFER, M.D.	Date 11/13/15
	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name GERALD L APPLEBY	Preparer's signature 
	Firm's name ► MARSOCCI, APPLEBY AND COMPANY, PA	Date 11/13/15 Check <input type="checkbox"/> PTIN <input type="checkbox"/> self-employed P01057535
	3815 WEST HUMPHREY STREET, SUITE 101	Firm's EIN ► 46-3981960
	Firm's address ► TAMPA, FL 33614	Phone no. 813-932-2116

May the IRS discuss this return with the preparer shown above? (see instructions) Yes NoFor Paperwork Reduction Act Notice, see the separate instructions.
DAA

Form 990 (2014)

GUS 9

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 Q.

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 \$ 812,384 including grants of\$ 812,384) (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 Q.)

(Expenses \$

including grants of \$

) (Revenue \$

1

4e Total program service expenses ►

812,384

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 <input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 <input checked="" type="checkbox"/>	
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		
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 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 <input checked="" type="checkbox"/>	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a <input checked="" type="checkbox"/>	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b <input checked="" type="checkbox"/>	

Form 990 (2014) UNIVERSITY COMMUNITY HOSPITAL
Part IV Checklist of Required Schedules (continued)

59-2554889

Page 4

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

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

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

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?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

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

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 "Yes," complete Schedule L, Part II

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

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

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

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

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

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

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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

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

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

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

	Yes	No
21	X	
22	X	
23	X	
24a	X	
24b		
24c		
24d		
25a	X	
25b	X	
26	X	
27	X	
28a	X	
28b	X	
28c	X	
29	X	
30	X	
31	X	
32	X	
33	X	
34	X	
35a	X	
35b		
36	X	
37	X	
38	X	

Form 990 (2014)

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	
1b	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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	4b	
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).	7a	X
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?	7b	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
10	Section 501(c)(7) organizations. Enter	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11a	
11	Section 501(c)(12) organizations. Enter	11b	
a	Gross income from members or shareholders	12a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	12b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	13a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	13b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13c	
a	Is the organization licensed to issue qualified health plans in more than one state?	14a	X
	Note. See the instructions for additional information the organization must report on Schedule O.	14b	
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		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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

Section A. Governing Body and Management

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

1b Enter the number of voting members included in line 1a, above, who are independent

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?

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?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

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?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body?

b Each committee with authority to act on behalf of the governing body?

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

	1a	1b	Yes	No
1a		14		
1b		14		
2			X	
3			X	
4			X	
5			X	
6			X	
7a			X	
7b			X	
8a			X	
8b			X	
9				X

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

10a Did the organization have local chapters, branches, or affiliates?

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?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

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

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

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

b Other officers or key employees of the organization

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?

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?

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b
10a												
10b												
11a	X											
12a	X											
12b	X											
12c	X											
13	X											
14	X											
15a									X			
15b									X			
16a										X		
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, address, and telephone number of the person who possesses the organization's books and records: ►

3100 EAST FLETCHER AVENUE

FL 33613-4688 813-971-6000

WEE-LI TAN

TAMPA

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 organization 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			
(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) SUMESH CHANDRA, BOARD MEMBER	M.D. 1.00 0.00	X					0	0	0
(4) ANGIE FERLITA BOARD MEMBER	1.00 0.00	X					0	0	0
(5) ROGER JOYCE BOARD MEMBER	1.00 0.00	X					0	0	0
(6) JJ ZWIRN BOARD MEMBER	1.00 0.00	X					0	0	0
(7) STEVE LAY, M.D. BOARD MEMBER	1.00 0.00	X					0	0	0
(8) MARILYN MCPHAIL BOARD MEMBER	1.00 0.00	X					0	0	0
(9) FRED MEYER CHAIRMAN	1.00 0.00	X	X				0	0	0
(10) JULIE MOORE BOARD MEMBER	1.00 0.00	X					0	0	0
(11) DINA SIERRA SMITH 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 director or trustee	Institutional trustee	Officer	Key employee	Highest compensated employee			
(12) KURT STONESIFER, M.D.	1.00								
TREASURER	0.00	X		X			0	0	0
(13) TODD TAYLOR	1.00								
BOARD MEMBER	0.00	X					0	0	0
(14) GARY WILLIAMS	1.00								
BOARD MEMBER	0.00	X					0	0	0
(15) JOAN BATCHO	1.00								
BOARD MEMBER	0.00	X					0	0	0
(16) ERICA PARADISE	1.00								
BOARD MEMBER	0.00	X					0	0	0
(17) TOM PEPIN	1.00								
BOARD MEMBER	0.00	X					0	0	0
(18)									
(19)									

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 of reportable compensation from the organization ► 0

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

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

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

	Yes	No
3		X
4		X
5		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	306,985			
d Related organizations	1d				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f	3,416,036			
g Noncash contributions included in lines 1a-1f		\$			
h Total. Add lines 1a-1f			3,723,021		
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)		►	1,388,533		1,388,533
4 Income from investment of tax-exempt bond proceeds					
5 Royalties		►			
6a Gross rents	(i) Real	(ii) Personal			
b Less rental exps					
c Rental inc or (loss)					
d Net rental income or (loss)		►			
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
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 \$ 306,985 of contributions reported on line 1c)					
See Part IV, line 18	a	94,138			
b Less direct expenses	b	94,138			
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		►	5,111,554	0	0
12 Total revenue. See instructions.		►			1,388,533

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 domestic organizations and domestic governments. See Part IV, line 21	812,384	812,384		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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)	12,000		12,000	
12 Advertising and promotion				
13 Office expenses	31		31	
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				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	809		809	
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	5,708		1,184	4,524
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	830,932	812,384	14,024	4,524
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 ► <input type="checkbox"/> 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	213,756	1	323,812
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	1,039,410	3	839,446
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	4,565	9	5,162
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	61,002		
b	Less accumulated depreciation	10b 59,386	10c 2,425	10c 1,616
11	Investments—publicly traded securities	21,216,360	11	24,824,711
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	127,176	15	127,177
16	Total assets. Add lines 1 through 15 (must equal line 34)	22,603,692	16	26,121,924
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	1,561,070	25	798,680
26	Total liabilities. Add lines 17 through 25	1,561,070	26	798,680
Net Assets or Fund Balances				
	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	5,083,541	27	5,405,886
28	Temporarily restricted net assets	15,494,056	28	19,452,333
29	Permanently restricted net assets	465,025	29	465,025
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> 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	21,042,622	33	25,323,244
34	Total liabilities and net assets/fund balances	22,603,692	34	26,121,924

Part XI Reconciliation of Net AssetsCheck 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	5,111,554
2 Total expenses (must equal Part IX, column (A), line 25)	2	830,932
3 Revenue less expenses Subtract line 2 from line 1	3	4,280,622
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21,042,622
5 Net unrealized gains (losses) on investments	5	
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	25,323,244

Part XII Financial Statements and ReportingCheck 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. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
2b 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
2c 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	
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	
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

Form 990 (2014)

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

2014Open to Public
Inspection

Name of the organization

**UNIVERSITY COMMUNITY HOSPITAL
FOUNDATION, INC.**Employer identification number
59-255489**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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
 a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 f Enter the number of supported organizations
 g Provide the following information about the supported organization(s)

1

(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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) UNIVERSITY COMMUNITY HOSPITAL, INC.	59-1113901	3	X		812,384	0
(B)						
(C)						
(D)						
(E)						
Total					812,384	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
DAA

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 **UNIVERSITY COMMUNITY HOSPITAL** **59-2554889** Page 2**Part II 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2014. 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	►	<input type="checkbox"/>
b 33 1/3% support test—2013. 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	►	<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
b 10%-facts-and-circumstances test—2013. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
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	►	<input type="checkbox"/>

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2014. 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—2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use

4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations

c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes

5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)

b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?

6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.

b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.

c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.

10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1	X	
2	X	
3a	X	
3b		
3c		
4a	X	
4b		
4c		
5a	X	
5b		
5c		
6	X	
7	X	
8	X	
9a	X	
9b	X	
9c	X	
10a	X	
10b		

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

- A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- A family member of a person described in (a) above?
- A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
11a		X
11b		X
11c		X

Section B. Type I Supporting Organizations

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization

	Yes	No
1	X	
2		X

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)

	Yes	No
1		

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s)

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see **Instructions**)

- The organization satisfied the Activities Test Complete **line 2** below
- The organization is the parent of each of its supported organizations. Complete **line 3** below.
- The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see **Instructions**)

2 Activities Test Answer (a) and (b) below.

- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

	Yes	No
2a		
2b		

3 Parent of Supported Organizations Answer (a) and (b) below.

- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard

	Yes	No
3a		
3b		

Schedule A (Form 990 or 990-EZ) 2014 **UNIVERSITY COMMUNITY HOSPITAL** **59-2554889** **Page 6****Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 **UNIVERSITY COMMUNITY HOSPITAL****59-2554889**

Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI) See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9	Distributable amount for 2014 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	
Section E - Distribution Allocations (see instructions)		
		(i) Excess Distributions
		(ii) Underdistributions Pre-2014
		(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6	
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)	
3	Excess distributions carryover, if any, to 2014	
a		
b		
c		
d		
e	From 2013	
f	Total of lines 3a through e	
g	Applied to underdistributions of prior years	
h	Applied to 2014 distributable amount	
i	Carryover from 2009 not applied (see instructions)	
j	Remainder Subtract lines 3g, 3h, and 3i from 3f.	
4	Distributions for 2014 from Section D, line 7	\$
a	Applied to underdistributions of prior years	
b	Applied to 2014 distributable amount	
c	Remainder Subtract lines 4a and 4b from 4	
5	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)	
6	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)	
7	Excess distributions carryover to 2015. Add lines 3j and 4c	
8	Breakdown of line 7	
a		
b		
c		
d	Excess from 2013	
e	Excess from 2014	

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 **UNIVERSITY COMMUNITY HOSPITAL** **59-2554889** **Page 8**
Part VI 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

2014Open 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 value of contributions to (during year)		
3 Aggregate value of 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 Revenue included in Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

Schedule D (Form 990) 2014 **UNIVERSITY COMMUNITY HOSPITAL** **59-2554889** **Page 2****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
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 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	15,959,081	15,352,543	16,260,168	16,247,486	5,242,118
b Contributions	3,717,574	1,135,681	982,420	561,793	10,131,589
c Net investment earnings, gains, and losses	1,053,087	831,175	679,929	59,341	32,188
d Grants or scholarships					
e Other expenditures for facilities and programs	812,384	1,360,318	2,515,974	662,452	-892,786
f Administrative expenses					51,195
g End of year balance	19,917,358	15,959,081	15,352,543	16,206,168	16,247,486

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 ► **2.30 %**

c Temporarily restricted endowment ► **97.70 %**

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
3a(i)		X
3a(ii)		X
3b		

(i) unrelated organizations
 (ii) related organizations

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

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				
e Other				
	61,002	59,386		1,616
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)				1,616

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATE	718,487
(3) CHARITABLE GIFT ANNUITY OBLIGATIONS	80,193
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ► **798,680**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

Schedule D (Form 990) 2014 **UNIVERSITY COMMUNITY HOSPITAL**

59-2554889

Page 4

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	5,530,431
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	418,877
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	418,877
3	Subtract line 2e from line 1	3	5,111,554
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	5,111,554

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	1,249,809
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	418,877
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	418,877
3	Subtract line 2e from line 1	3	830,932
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	830,932

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 IRC PROVIDES FOR TAXATION OF UNRELATED BUSINESS INCOME (UBI) UNDER CERTAIN CIRCUMSTANCES. THE FOUNDATION HAS NO UBI; HOWEVER, SUCH STATUS IS SUBJECT

Part XIII: Supplemental Information (continued)

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 2011.

SCHEDULE G
(Form 990 or 990-EZ)**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

2014Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(II) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
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

Schedule G (Form 990 or 990-EZ) 2014 **UNIVERSITY COMMUNITY HOSPITAL** **59-2554889** Page 2

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 28TH ANNUAL GOI (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 401,123			401,123
	2 Less Contributions 306,985			306,985
	3 Gross income (line 1 minus line 2) 94,138			94,138
Direct Expenses	4 Cash prizes			
	5 Noncash prizes			
	6 Rent/facility costs			
	7 Food and beverages			
	8 Entertainment			
	9 Other direct expenses 94,138			94,138
	10 Direct expense summary Add lines 4 through 9 in column (d)			► 94,138
	11 Net income summary Subtract line 10 from line 3, column (d)			► 94,138

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 <input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			►
	8 Net gaming income summary Subtract line 7 from line 1, column (d)			►

9 Enter the state(s) in which the organization conducts gaming activities
 a Is the organization licensed to conduct gaming activities in each of these states?
 b If "No," explain

Yes No

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
 b If "Yes," explain

Yes No

Schedule G (Form 990 or 990-EZ) 2014 **UNIVERSITY COMMUNITY HOSPITAL** **59-2554889** Page 3

11 Does the organization conduct 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 conducted in

13a	%
13b	%

a The organization's facility

b An outside facility

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 provide any additional information (see instructions).

SCHEDULE I
(Form 990)
**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

► Attach to Form 990.

Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Department of the Treasury
Internal Revenue ServiceName of the organization
**UNIVERSITY COMMUNITY HOSPITAL
FOUNDATION, INC.**► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.
Employer identification number
59-2554889
2014
**Open to Public
Inspection**

OMB No. 1545-0047

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?
 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 Domestic Organizations and Domestic Governments. 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.

(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)	812,384				
(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

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

► 1

► 0

Schedule I (Form 990) (2014)**For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

DAA

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

(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

2014Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceComplete 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

Name of the organization

**UNIVERSITY COMMUNITY HOSPITAL
FOUNDATION, INC.**

Employer identification number

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

Employer identification number

UNIVERSITY COMMUNITY HOSPITAL59-2554889

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 DISCUSS, ANALYZE, AND VOTE UPON THE POTENTIAL FINANCIAL INTEREST/ARRANGEMENT TO DETERMINE IF A CONFLICT OF INTEREST EXISTS.

ACCORDING TO THE FILING ORGANIZATION'S CONFLICT OF INTEREST POLICY, AN AFFILIATED PERSON MAY MAKE A PRESENTATION TO THE BOARD OF TRUSTEES (OR COMMITTEE WITH BOARD DELEGATED POWERS), BUT AFTER SUCH PRESENTATION, SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULTS IN A CONFLICT OF INTEREST. EACH AFFILIATED PERSON, AS DEFINED UNDER THE FILING ORGANIZATION 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

PAGE 1 OF 2

Name of the organization

UNIVERSITY COMMUNITY HOSPITAL

Employer identification number

59-2554889

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 REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

SCHEDULE R
(Form 990)
Related Organizations and Unrelated Partnerships
2014

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.Department of the Treasury
Internal Revenue ServiceName of the organization
**UNIVERSITY COMMUNITY HOSPITAL
FOUNDATION, INC.**
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?
(1) ADVENTIST BOLINGBROOK HOSPITAL BOLINGBROOK	IL 60440 65-1219504 OPERATION	IL	501C3	3	ADVENTIST	Yes X
(2) ADVENTIST CARE CENTERS - COURTLAND, 730 COURTLAND STREET ORLANDO	FL 32804 20-5774723 OPERATION	FL	501C3	9	SUNBELT HL	No X
(3) ADVENTIST GLENOAKS HOSPITAL 701 WINTHROP AVENUE GLENDALE HEIGHTS	IL 60139 36-3208390 OPERATION	IL	501C3	3	ADVENTIST	X
(4) ADVENTIST BINSDALE HOSPITAL 120 NORTH OAK STREET HINSDALE	IL 60521 36-2276984 OPERATION	IL	501C3	3	ADVENTIST	X
(5) ADVENTIST HLTH MID-AMERICA, INC. SHAWNEE MISSION	KS 66204 52-1347407 HLTHCARE R	KS	501C3	11A	ADVENTIST	X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2014

DAA

SCHEDULE R
(Form 990)
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.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
**UNIVERSITY COMMUNITY HOSPITAL
FOUNDATION, INC.**

OMB No. 1545-0047
2014
**Open to Public
Inspection**

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?
(1)	ADVENTIST HLTH PARTNERS, INC. 1000 REMINGTON BLVD., STE 200 BOLINGBROOK IL 60440	36-4138353 OPERATE OU	IL	501C3	3	AHS MIDWES	X
(2)	ADVENTIST HLTH SYSTEM SUNBELT HLTHC 900 HOPE WAY ALTAMONTE SPRINGS FL 32714	59-2170012 MANAGEMENT	FL	501C3	11A	N/A	X
(3)	ADVENTIST HLTH SYSTEM/GEORGIA, INC. 1035 RED BUD ROAD CALHOUN GA 30701	58-1425000 OPERATION	GA	501C3	3	ADVENTIST	X
(4)	ADVENTIST HLTH SYSTEM/SUNBELT, INC. 900 HOPE WAY ALTAMONTE SPRINGS FL 32714	59-1479658 OPERATION	FL	501C3	3	ADVENTIST	X
(5)	ADVENTIST HLTH SYSTEM/TEXAS, INC. 11801 S. FREEWAY BURLESON TX 76028	74-2578952 LEASING PE	TX	501C3 PF	ADVENTIST		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
DAA Schedule R (Form 990) 2014

SCHEDULE R
(Form 990)

Department of the Treasury Internal Revenue Service	UNIVERSITY COMMUNITY HOSPITAL FOUNDATION, INC.	OMB No. 1545-0047 2014 Open to Public Inspection Name of the organization Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990 .
--	---	---

Part I**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.

Name of the organization
UNIVERSITY COMMUNITY HOSPITAL
FOUNDATION, INC.

Part II **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 III **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?
(1) ADVENTIST UNIVERSITY OF HEALTH SCIENCES 671 LAKE WINNIAH DRIVE ORLANDO FL 32803	EDUCATION/ FL	59-3069793	501C3	2	ADVENTIST	Yes X
(2) AHS MIDWEST MANAGEMENT, INC. 1000 REMINGTON BLVD., STE 200 BOLLINGBROOK IL 60440	OPERATION IL	36-3354567	501C3	11A	ADVENTIST	No X
(3) AHS/CENTRAL TEXAS, INC. 1301 WONDER WORLD DRIVE SAN MARCOS TX 78666	PROVIDE OF TX	74-2621825	501C3	PF	ADVENTIST	X
(4) APOPKA HLTH CARE PROPERTIES, INC. 305 E. OAK STREET APOPKA FL 32703	LEASE TO R GA	51-0605694	501C3	PF	SUNBELT HL	X
(5) BATTLE CREEK ADVENTIST HOSPITAL 1000 REMINGTON BLVD., STE 200 BOLLINGBROOK IL 60440	INACTIVE MI	38-1359189	501C3	3	ADVENTIST	X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
DAA

SCHEDULE R
(Form 990)

OMB No. 1545-0047

2014**Open to Public
Inspection**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.Department of the Treasury
Internal Revenue Service

Name of the organization

UNIVERSITY COMMUNITY HOSPITAL
FOUNDATION, INC.Employer identification number
59-2554889**Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**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?
(1)	BOLINGBROOK HOSPITAL FOUNDATION 1000 REMINGTON BLVD. N. ENTRANCE, 20-0494445 BOLINGBROOK IL 60440	FUND-RAISI	II	501C3	7	MIDWEST HL	Yes X
(2)	BRADFORD HEIGHTS HLTH & REHAB CENTE 950 HIGHPOINT DRIVE HOPKINSVILLE KY 42240	OPERATION	KY	501C3	9	SUNBELT HL	No X
(3)	BURLESON NURSING & REHAB CENTER, IN 301 HUGULEY BLVD. BURLESON TX 76028	OPERATION	TX	501C3	9	SUNBELT HL	X
(4)	CALDWELL HLTH CARE PROPERTIES, INC. 1333 WEST MAIN PRINCETON KY 42445	LEASE TO R	GA	501C3	PF	SUNBELT HL	X
(5)	CENTRAL TEXAS HLTHCARE COLLABORATIV 1301 WONDER WORLD DRIVE SAN MARCOS TX 78666	SUPPORT OP	TX	501C3	11A	ADVENTIST	X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2014

DAA

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. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990 .		
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?
(1) CENTRAL TEXAS MEDICAL CENTER FOUNDATION 1301 WONDER WORLD DRIVE TX 78666	FUND-RAISI	TX	501C3	7	N/A	Yes
(2) CHICKASAW HLTH CARE PROPERTIES, INC 250 S. CHICKASAW TRAIL ORLANDO FL 32825	LEASE TO R	GA	501C3		SUNBELT HL	No
(3) CHIPPEWA VALLEY HOSPITAL & OAKVIEW 1220 THIRD AVENUE WEST DURAND WI 54736	OPERATION	WI	501C3	3	ADVENTIST	X
(4) COBB MEDICAL ASSOCIATES, LLC 3949 SOUTH COBB DRIVE SE SMYRNA GA 30080	OPERATION	GA	501C3	3	EMORY-ADVE	X
(5) COURTLAND HLTH CARE PROPERTIES, INC 730 COURTLAND STREET ORLANDO FL 32804	LEASE TO R	GA	501C3	PF	SUNBELT HL	X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
DAA

SCHEDULE R
(Form 990)
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.

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

 Department of the Treasury
 Internal Revenue Service

Name of the organization

 UNIVERSITY COMMUNITY HOSPITAL
 FOUNDATION, INC.

 OMB No. 1545-0047
2014
Open to Public
Inspection

 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) Section 512(b)(13) controlled entity? No
(1)	CREEKWOOD PLACE NURSING & REHAB CEN 683 E. THIRD STREET RUSSELVILLE KY 42276	20-5782260 OPERATION	KY	501C3	9	SUNBELT HL	X	
(2)	DAIRY ROAD HLTH CARE PROPERTIES, INC. 7350 DAIRY ROAD ZEPHYRHILLS FL 33540	51-0605684 LEASE TO R	GA	501C3	PF	SUNBELT HL	X	
(3)	EAST ORLANDO HLTH & REHAB CENTER, INC. 250 S. CHICKASAW TRAIL ORLANDO FL 32825	20-5774748 OPERATION	FL	501C3	9	SUNBELT HL	X	
(4)	EMORY-ADVENTIST, INC. 3949 SOUTH COBB DRIVE SMYRNA GA 30080	58-2171011 OPERATION	GA	501C3	3	ADVENTIST	X	
(5)	FLETCHER HOSPITAL, INC. 100 HOSPITAL DRIVE HENDERSONVILLE NC 28792	56-0543246 OPERATION	NC	501C3	3	ADVENTIST	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2014

SCHEDULE R
(Form 990)

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.

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

 Department of the Treasury
 Internal Revenue Service

 Name of the organization
**UNIVERSITY COMMUNITY HOSPITAL
FOUNDATION, INC.**

2014

**Open to Public
Inspection**

OMB No. 1545-0047

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?
(1)	FLINC, INC. 3355 E. SEMORAN BLVD. APOPKA	20-5774761 FL 32703	OPERATION	FL	501C3	9	SUNBELT HL
(2)	FLORIDA HOSPITAL HEALTHCARE PARTNER 770 W. GRENADA BLVD. #101 ORMOND BEACH	46-2354804 FL 32174	OPERATION	FL	501C3	3	ADVENTIST
(3)	FLORIDA HOSPITAL MEDICAL GROUP, INC 2600 WESTHALL LN MAITLAND	59-3214635 FL 32751	OPERATION	FL	501C3	3	ADVENTIST
(4)	FLORIDA HOSPITAL PHYSICIAN GROUP, INC 14055 RIVEREDGE DRIVE, STE 250 TAMPA	46-2021581 FL 33637	OPERATION	FL	501C3	3	ADVENTIST
(5)	FLORIDA HOSPITAL WATERMAN, INC. 1000 WATERMAN WAY TAVERAS	59-3140669 FL 32778	OPERATION	FL	501C3	3	ADVENTIST

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2014

SCHEDULE R
(Form 990)

 OMB No 1545-0047
2014

 Department of the Treasury
 Internal Revenue Service

 Name of the organization
**UNIVERSITY COMMUNITY HOSPITAL
FOUNDATION, INC.**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ► Attach to Form 990.

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

**Open to Public
Inspection**

 Employer identification number
59-2554889
Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

 Open to Public
Inspection

 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?
(1)	FLORIDA HOSPITAL ZEPHYRHILLS, INC. 7050 GALL BLVD. ZEPHYRHILLS FL 33541	59-2108057 OPERATION	FL	501C3	3	ADVENTIST	X
(2)	FOUNDATION FOR SHAWNEE MISSION MEDI 9100 W. 74TH STREET SHAWNEE MISSION KS 66204	48-0868859 FUND-RAISI	KS	501C3	11A	SHAWNEE MI	X
(3)	GLENDALE HEIGHTS 701 WINTHROP AVENUE GLENDALE HEIGHTS IL 60139	36-3926044 FUND-RAISI	IL	501C3	7	MIDWEST HL	X
(4)	HELEN ELLIS MEMORIAL HOSPITAL FOUNDATION 1395 S. PINELLAS AVE. TARPON SPRINGS FL 34689	59-2106043 FUND-RAISI	FL	501C3	N/A	N/A	X
(5)	HELEN ELLIS MEMORIAL HOSPITAL FOUND 1395 S. PINELLAS AVE. TARPON SPRINGS FL 34689	59-3690149 FUND-RAISI	FL	501C3	N/A	N/A	X

 For Paperwork Reduction Act Notice, see the Instructions for Form 990.
 DAA

Schedule R (Form 990) 2014

SCHEDULE R
(Form 990)

2014
Open to Public
Inspection

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

UNIVERSITY COMMUNITY HOSPITAL
FOUNDATION, INC.

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.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?
(1)	HINSDALE HOSPITAL FOUNDATION 7 SALT CREEK LANE, SUITE 203 HINSDALE IL 60521	52-1466387 FUND-RAISI	II	501C3	7	MIDWEST HL	X
(2)	IN-MOTION REHAB, INC. 602 COURTLAND STREET, STE. 200 ORLANDO FL 32804	20-8023411 THERAPY SE	KS	501C3	PF	SUNBELT HL	X
(3)	JELlico COMMUNITY HOSPITAL, INC. 188 HOSPITAL LANE JELlico TN 37762	62-0924706 OPERATION	TN	501C3	3	ADVENTIST	X
(4)	LA GRANGE MEMORIAL HOSPITAL FOUNDAT 5101 S WILLOW SPRINGS RD LA GRANGE IL 60525	30-0247776 FUND-RAISI	II	501C3	7	MIDWEST HL	X
(5)	MEMORIAL HLTH SYSTEMS FOUNDATION, I 770 WEST GRANADA BLVD. ORMOND BEACH FL 32174	31-1771522 FUND-RAISI	FL	501C3	7	N/A	X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2014

SCHEDULE R
(Form 990)
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.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.
 OMB No 1545-0047
2014
 Open to Public
 Inspection
Department of the Treasury
Internal Revenue ServiceName 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?
(1)	MEMORIAL HLTH SYSTEMS, INC. 301 MEMORIAL MEDICAL PARKWAY DAYTONA BEACH FL 32117	59-0973502 OPERATION	FL	501C3	3	ADVENTIST	X
(2)	MEMORIAL HOSPITAL - WEST VOLUSIA, INC. 7011 WEST PLYMOUTH AVENUE DELAND FL 32720	59-3256803 OPERATION	FL	501C3	3	MEMORIAL H	X
(3)	MEMORIAL HOSPITAL FLAGLER, INC. 60 MEMORIAL MEDICAL PARKWAY PALM COAST FL 32164	59-2951990 OPERATION	FL	501C3	3	MEMORIAL H	X
(4)	MEMORIAL HOSPITAL, INC. 210 MARIE LANGDON DRIVE MANCHESTER KY 40962	61-0594620 OPERATION	KY	501C3	3	ADVENTIST	X
(5)	MERRIAM HLTH CARE PROPERTIES, INC. 9700 WEST 62ND STREET MERRIAM KS 66203	36-4595806 LEASE TO R	KS	501C3 PF	SUNBELT HL		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
DAA

Schedule R (Form 990) 2014

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. ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990 .		
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)(3) controlled entity?
(1) METROPLEX ADVENTIST HOSPITAL, INC. 2201 S. CLEAR CREEK ROAD KILLEEN TX 76549	OPERATION	TX	501C3	3	ADVENTIST	X
(2) METROPLEX CLINIC PHYSICIANS, INC. 2201 S. CLEAR CREEK ROAD KILLEEN TX 76549	PHYSICIAN	TX	501C3	3	METROPLEX	X
(3) METROPLEX HOSPITAL, INC. 900 HOPE WAY ALTAMONTE SPRINGS FL 32714	FUTURE OPE	FL	501C3	3	ADVENTIST	X
(4) MIDWEST HLTH FOUNDATION 120 NORTH OAK STREET HINSDALE IL 60521	SUPPORT OF	IL	501C3	PF	N/A	X
(5) MILLS HLTH & REHAB CENTER, INC. 500 BECK LANE MAYFIELD KY 42066	OPERATION	KY	501C3	9	SUNBELT HL	X

 For Paperwork Reduction Act Notice, see the Instructions for Form 990.
 DAA

SCHEDULE R
(Form 990)
2014
**Open to Public
Inspection**

OMB No. 1545-0047

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.
 Department of the Treasury
 Internal Revenue Service
 Name of the organization
**UNIVERSITY COMMUNITY HOSPITAL
FOUNDATION, INC.**
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?
(1)	MISSION STRATEGIES OF GEORGIA, INC. 3949 S. COBB DRIVE GA 30080	90-0866024 PROVISION	GA	501C3	PF	SUNBELT HL	X
(2)	MISSOURI ADVENTIST HLTH, INC. 9100 W. 74TH STREET SHAWNEE MISSION KS 66204	43-1224729 SUPPORT HL	MO	501C3	PF	ADVENTIST	X
(3)	NORTH REGIONAL EMS, INC. 188 HOSPITAL LANE JELlico TN 37762	26-2653616 EMS SERVIC	TN	501C3	9	JELlico CO	X
(4)	ORMOND BEACH MEMORIAL HOSPITAL AUXI 301 MEMORIAL MEDICAL PARKWAY DAYTONA BEACH FL 32117	VOLUNTEER	FL	501C3	PF	N/A	X
(5)	OVERLAND PARK NURSING & REHAB CENTE 6501 WEST 75TH STREET OVERLAND PARK KS 66204	20-5774821 OPERATION	KS	501C3	9	SUNBELT	X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DAA

Schedule R (Form 990) 2014

SCHEDULE R
(Form 990)

 Department of the Treasury
 Internal Revenue Service
 Name of the organization

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.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**2014****Open-to-Public
Inspection**

OMB No. 1545-0047

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?
(1)	PARAGON HLTH CARE PROPERTIES, INC. 51-0605686	LEASE TO R	GA	501C3	PF	SUNBELT HL	No
(2)	PASCO-PINELLAS HILLSBOROUGH COMMUNI 950 HIGHPOINT DRIVE 2600 BRUCE B. DOWNS BLVD. WESLEY CHAPEL	FL	501C3	3			
(3)	PORTERCARE ADVENTIST HLTH SYSTEM (2525 S. DOWNING STREET DENVER	OPERATION	CO	501C3	3	ADVENTIST	X
(4)	PRINCETON HLTH & REHAB CENTER, INC. 1333 WEST MAIN PRINCETON	OPERATION	KY	501C3	9	SUNBELT HL	X
(5)	PRINCETON PROFESSIONAL SERVICES, INC. 601 E. ROLLINS STREET ORLANDO	PROVISION	FL	501C3	9	ADVENTIST	X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2014

SCHEDULE R
(Form 990)

2014
Open to Public
Inspection

OMB No. 1545-0047

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ► Attach to Form 990.

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

Name of the organization

UNIVERSITY COMMUNITY HOSPITAL
FOUNDATION, INC.

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?
(1)	QUALITY CIRCLE FOR HLTHCARE, INC. 900 HOPE WAY ALTAMONTE SPRINGS FL 32714	26-3789368	HLTHCARE Q FL	501C3	11A	ADVENTIST	X
(2)	RESOURCE PERSONNEL, INC. 602 COURTLAND STREET, STE. 200 ORLANDO FL 32804	20-8040875	PROVIDE AD FL	501C3	PF	SUNBELT HL	X
(3)	ROCKY MOUNTAIN ADVENTIST HLTHCARE F 2525 SOUTH DOWNING STREET DENVER CO 80210	84-0745018	FUND-RAISI CO	501C3	7	N/A	
(4)	ROLLINS BROOK COMMUNITY CARE CORP 2201 S. CLEAR CREEK ROAD KILLEEN TX 76549	46-1656773	INACTIVE TX	501C3	11A	ADVENTIST	X
(5)	RUSSELLVILLE HLTH CARE PROPERTIES, 683 EAST THIRD STREET RUSSELLVILLE KY 42276	51-0605691	LEASE TO R GA	501C3	PF	SUNBELT HL	X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2014

DAA

SCHEDULE R
(Form 990)
Related Organizations and Unrelated Partnerships
2014

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.Department of the Treasury
Internal Revenue Service

Name of the organization

UNIVERSITY COMMUNITY HOSPITAL
FOUNDATION, INC.OMB No. 1545-0047
**Open to Public
Inspection**Employer identification number
59-2554889**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(1)	(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
(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.

(1)	(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?
(1)	SAN MARCOS HLTH CARE PROPERTIES, INC 1900 MEDICAL PARKWAY SAN MARCOS TX 78666	LEASE TO R	GA	501C3	PF	SUNBELT HL	Yes X
(2)	SAN MARCOS NURSING & REHAB CENTER, 1900 MEDICAL PARKWAY SAN MARCOS TX 78666	20-5782224 OPERATION	TX	501C3	9	SUNBELT HL	No X
(3)	SHAWNEE MISSION HLTH CARE, INC. 6501 WEST 75TH STREET OVERLAND PARK KS 66204	48-0952508 LEASE TO R	KS	501C3	PF	SUNBELT HL	X
(4)	SHAWNEE MISSION MEDICAL CENTER, INC. 9100 W. 74TH STREET SHAWNEE MISSION KS 66204	48-0637331 OPERATION	KS	501C3	3	ADVENTIST	X
(5)	WEST FLORIDA HEALTH HOME CARE, INC. PO BOX 1289 TAMPA FL 33601	59-3686109 OPERATING	GA	501C3	PF	ADVENTIST	X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2014

SCHEDULE R
(Form 990)
2014
Open to Public
Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue ServiceName of the organization
UNIVERSITY COMMUNITY HOSPITAL
FOUNDATION, INC.

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.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?
(1) SOUTH CENTRAL, INC. 900 HOPE WAY ALTAMONTE SPRINGS	59-3689740 FL 32714 MANAGEMENT	GA	501C3	PF	N/A		X
(2) SOUTH PASCO HLTH CARE PROPERTIES, INC 38250 A AVENUE ZEPHYRHILLS	51-0605679 FL 33542 LEASE TO R	GA	501C3	PF	SUNBELT HL		X
(3) SOUTHWEST VOLUSIA HLTH SERVICES, INC 1055 SAXON BLVD. ORANGE CITY	59-3281591 FL 32763 MEDICAL OF	FL	501C3	11A	SOUTHWEST		X
(4) SOUTHWEST VOLUSIA HLTHCARE CORP 1055 SAXON BLVD. ORANGE CITY	59-3149293 FL 32763 OPERATION	FL	501C3	3	ADVENTIST		X
(5) SPECIALTY PHYSICIANS OF CENTRAL TEX 1301 WONDER WORLD DRIVE SAN MARCOS	20-8814408 TX 78666 PHYSICIAN	TX	501C3	3	ADVENTIST		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2014

SCHEDULE R
(Form 990)**2014**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

UNIVERSITY COMMUNITY HOSPITAL
FOUNDATION, INC.

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**Open to Public
Inspection**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
(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) Section 512(b)(13) controlled entity? No
(1)	SPRING VIEW HLTH & REHAB CENTER, IN 718 GOODWIN LANE LEITCHFIELD KY 42754	OPERATION 20-5782288	KY	501C3	9	SUNBELT HL	X	
(2)	SUNBELT HLTH & REHAB CENTER - APOPK 305 EAST OAK STREET APOPKA FL 32703	OPERATION 20-5774856	FL	501C3	9	SUNBELT HL	X	
(3)	SUNBELT HLTH CARE CENTERS, INC. 602 COURTLAND STREET, STE. 200 ORLANDO FL 32804	MANAGEMENT	TN	501C3	3	ADVENTIST	X	
(4)	SUNSYSTEM DEVELOPMENT CORP 900 HOPE WAY ALTAMONTE SPRINGS FL 32714							
(5)	TARPON SPRINGS HOSPITAL FOUNDATION, 1395 S. PINELLAS AVE. TARPON SPRINGS FL 34689	FUND RAISI 59-0898901 OPERATION FL	501C3 501C3	7 3	ADVENTIST UNIVERSITY	X		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2014

SCHEDULE R
(Form 990)

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

Department of the Treasury
Internal Revenue ServiceName of the organization
**UNIVERSITY COMMUNITY HOSPITAL
FOUNDATION, INC.****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?
(1)	TARRANT COUNTY HLTH CARE PROPERTIES 301 HUGULEY BLVD.	TX 76028	LEASE TO R	GA	501C3	PF	SUNBELT HL
(2)	TAYLOR CREEK HLTH CARE PROPERTIES, 718 GOODWIN LANE	KY 42754	LEASE TO R	GA	501C3	PF	SUNBELT HL
(3)	THE VOLUNTEER AUXILIARY OF FLORIDA 60 MEMORIAL MEDICAL PARKWAY	FL 32164	VOLUNTEER	FL	501C3	PF	SUNBELT HL
(4)	TRINITY NURSING & REHAB CENTER, INC 9700 WEST 62ND STREET	KS 66203	OPERATION	KS	501C3	9	SUNBELT HL
(5)	UNIVERSITY COMMUNITY HOSPITAL FOUND 3100 E. FLETCHER AVE	FL 33613	FUND-RAISI	FL	501C3	11A	N/A

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SCHEDULE R
(Form 990)

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.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
**UNIVERSITY COMMUNITY HOSPITAL
FOUNDATION, INC.**

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?
(1)	UNIVERSITY COMMUNITY HOSPITAL SPECI 3100 E. FLETCHER AVE TAMPA FL 33613	59-3231322 INACTIVE	FL	501C3	11A	UNIVERSITY	Yes No
(2)	UNIVERSITY COMMUNITY HOSPITAL, INC. 3100 E. FLETCHER AVE TAMPA FL 33613	59-1113901 OPERATION	FL	501C3	3	ADVENTIST	X
(3)	WEST KENTUCKY HLTH CARE PROPERTIES, 500 BECK LANE MAYFIELD KY 42066	51-0605676 LEASE TO R	GA	501C3	PF	SUNBELT HL	X
(4)	ZEPHYR HAVEN HLTH & REHAB CENTER, I 38250 A AVENUE ZEPHYRHILLS FL 33542	20-5774930 OPERATION	FL	501C3	9	SUNBELT HL	X
(5)	ZEPHYRHILLS HLTH & REHAB CENTER, IN 7350 DAIRY ROAD ZEPHYRHILLS FL 33540	20-5774967 OPERATION	FL	501C3	9	SUNBELT HL	X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
DAA

SCHEDULE R
(Form 990)

Department of the Treasury Internal Revenue Service	UNIVERSITY COMMUNITY HOSPITAL FOUNDATION, INC.	Name of the organization	Open to Public Inspection
			Employer identification number 59-2554889

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.

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

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?
(1) MOUNTAIN INN NURSING & REHAB CENTER 602 COURTLAND ST., STE 200 ORLANDO FL 32804	OPERATIONS	FL	501C3	9	SUNBELT HL	Yes X
(2) HOSPICE OF THE COMFORTER, INC. 480 W. CENTRAL PARKWAY ALTAMONTE SPRINGS FL 32714	OPERATION	FL	501C3	9	THE COMFOR	X
(3) HOSPICE OF THE COMFORTER FOUNDATION 480 W. CENTRAL PARKWAY ALTAMONTE SPRINGS FL 32714	FUNDRAISIN	FL	501C3	7	THE COMFOR	X
(4) LAKE COUNTY HEALTH CARE PROPERTIES, 602 COURTLAND ST., STE 200 ORLANDO FL 32804	LEASING	FL	501C3	PF	SUNBELTH H	X
(5) TAKOMA REGIONAL HOSPITAL, INC. 401 TAKOMA AVE GREENSVILLE TN 37743	OPERATION	TN	501C3	3	ADVENTIST	X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SCHEDULE R
(Form 990)
2014Department of the Treasury
Internal Revenue ServiceName of the organization
UNIVERSITY COMMUNITY HOSPITAL
FOUNDATION, INC.**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.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.Open to Public
Inspection

OMB No. 1545-0047

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?
(1) TAKOMA REGIONAL HOSPITAL FOUNDATION 401 TAKOMA AVE GREENSVILLE	TN 37743	FUNDRAISING	TN	501C3	7	TAKOMA REG	Yes
(2) THE COMFORTER HEALTH CARE GROUP, INC 605 MONTGOMERY RD ALTAMONTE SPRINGS	FL 32714	LEASING	FL	501C3	PF	N/A	No
(3) TRI-COUNTY NURSING AND REHAB CENTER 602 COURTLAND ST., STE 200 ORLANDO	FL 32804	OPERATIONS	FL	501C3	9	SUNBELT HL	X
(4)							
(5)							

Part III **Identification of Related Organizations Taxable as
because it had one or more related organizations treat**

Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34
a partnership during the tax year.

8

Schedule R (Form 990) 2014 UNIVERSITY COMMUNITY HOSPITAL

59-2554899

Page 2

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?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
Yes										No
(1)FLORIDA HOSPITAL HOME INFUSION 2450 MAITLAND CENTER PKWY, STE 200 MAITLAND FL 32751 59-3142824	HOME INFUS	FL	PRINCETON RELATED		N/A	N/A	X	N/A	X	0.57
(2)PAHS/USP SURGERY CENTERS, LLC 15305 DALLAS PKWY, STE 1600, LB 28 ADDISON TX 75010 26-3057950	MEDICAL SE CO	PORTERCARE RELATED			N/A	N/A	N/A	N/A	N/A	0.51
(3)SAN MARCOS M.R.I., LP 1330 WONDER WORLD DR, STE 202 SAN MARCOS TX 78666 77-0597972	IMAGING	TX	ADVENTIST RELATED		N/A	N/A	N/A	N/A	N/A	0.55
(4)SHAWNEE MISSION OPEN MRI, LLC 9100 W. 74TH STREET, BOX 2923 SHAWNEE MISSION KS 66201 27-0011796	IMAGING	&	KS SHAWNEE MI RELATED		N/A	N/A	N/A	N/A	N/A	0.60
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										No
(1)CENTRAL TEXAS PROVIDER'S NETWORK 1301 WONDER WORLD DRIVE SAN MARCOS TX 78666 74-2827652	PHYSICIAN	TX	ADVENTIST	C		N/A	N/A			
(2)FLORIDA HOSPITAL FLAGLER MEDICAL OF 60 MEMORIAL MEDICAL PARKWAY PALM COAST FL 32164 26-2158309	CONDO ASSO	FL	MEMORIAL H	C		N/A	N/A	1.000000	X	
(3)FLORIDA HOSPITAL HEALTHCARE SYSTEM, 602 COURTLAND STREET ORLANDO FL 32804 59-3215680	PHO/TPA-FL	FL	ADVENTIST	C		N/A	N/A	0.912800		
(4)FLORIDA MEDICAL PLAZA CONDO ASSOCIA 601 EAST ROLLINS STREET ORLANDO FL 32803 59-2855791	CONDO ASSO	FL	ADVENTIST	C		N/A	N/A	1.000000	X	

Schedule R (Form 990) 2014

DAA

Schedule R (Form 990) 2014 UNIVERSITY COMMUNITY HOSPITAL

59-2554889

Page 2

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) Dispositionate alloc?	(i) Code V—JSI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
(1)									Yes	No
(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?
(1)FLORIDA MEMORIAL HEALTH NETWORK, IN 770 W. GRANADA BLVD., STE. 317 ORMOND BEACH FL 32174 59-3403558	PHYSICIAN	FL	MHS, MHF,	C	N/A	N/A	0.250000	X
(2)HUGULEY ALLIANCE FOUNDATION 11801 SOUTH FREEWAY FORT WORTH TX 76115 75-2642209	INACTIVE-T	TX	ADVENTIST	C	N/A	N/A	1.000000	X
(3)KISSIMMEE MULTISPECIALTY CLINIC CON 201 HILDA STREET, SUITE 30 KISSIMMEE FL 34741 59-3539564	CONDO ASSO	FL	ADVENTIST	C	N/A	N/A	0.544000	X
(4)MIDWEST MANAGEMENT SERVICES, INC. 9100 WEST 74TH STREET SHAWNEE MISSION KS 66204 48-0901551	REAL ESTAT	KS	ADVENTIST	C	N/A	N/A	1.000000	X

Schedule R (Form 990) 2014

DAA

Schedule R (Form 990) 2014 UNIVERSITY COMMUNITY HOSPITAL

59-2554889
Part III: Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34

(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) Disposition alloc?	(i) Code V—USI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managing partner?	(k) Percentage ownership
										Yes
(1)										No
(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?	(j) Yes	(k) No
									Yes	No
(1) NORTH AMERICAN HEALTH SERVICES, INC 111 N. ORLANDO AVENUE WINTER PARK FL 32789 62-1041820	LESSOR/HOL	FL	ADVENTIST	C	N/A	N/A	N/A			
(2) ORMOND PROFESSIONAL CONDO ASSOCIATI 770 W. GRANADA BLVD., STE 101 ORMOND BEACH FL 32174 59-2694434	CONDOSO ASSO	FL	MEMORIAL H	C	N/A	N/A	N/A			
(3) PARK RIDGE PROPERTY OWNER'S ASSOCIATIA 1 PARK PLACE, NAPLES ROAD FLETCHER NC 28732 03-0380531	CONDOSO ASSO	NC	FLETCHER H	C	N/A	N/A	N/A			
(4) PORTER AFFILIATED HLTH SERVICES, INC 2525 S. DOWNING STREET DENVER CO 80210 84-0956175	HEALTHCARE	CO	PORTERCARE	C	N/A	N/A	N/A			

Schedule R (Form 990) 2014 UNIVERSITY COMMUNITY HOSPITAL

59-2554889

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) Prestigious 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?	(i) Code V—JBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(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?
(1) SAN MARCOS REGIONAL MRI, INC. 1301 WONDER WORLD DRIVE SAN MARCOS TX 78666 77-0597968								
(2) THE GARDEN RETIREMENT COMMUNITY, INC. 602 COURTLAND STREET, STE. 200 ORLANDO FL 32804 59-3414055	HOLDING CO	TX	ADVENTIST	C				
(3) WINTER PARK MEDICAL OFFICE BUILDING 200 LAKEMONT AVE. WINTER PARK FL 32792 45-2228478	REAL ESTAT	FL	SUNBELT HL	C				
(4)								

Schedule R (Form 990) 2014 UNIVERSITY COMMUNITY HOSPITAL 59-2554889

Page 3

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

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

- 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)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2014 UNIVERSITY COMMUNITY HOSPITAL 59-2554889

Page 3

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

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

Note. Complete line 2 if any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

		Yes	No
1a		X	
1b		X	
1c		X	
1d		X	
1e		X	
1f		X	
1g		X	
1h		X	
1i		X	
1j		X	
1k		X	
1l		X	
1m		X	
1n		X	
1o		X	
1p		X	
1q		X	
1r		X	
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	(d) Method of determining amount involved
(1)		(b) Transaction type (a-s)	(c) Amount involved
(2)			
(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 in section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-JBI amount in box 20 of Schedule K-1 (Form 1065)		(j) General or managing partner?	(k) Percentage ownership partner?
								Yes	No		
(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

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.

Schedule R (Form 990) 2014 **UNIVERSITY COMMUNITY HOSPITAL** **59-2554889** **Page 5**

Part VII. Supplemental Information

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

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