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|  |  |   |
|--|--|---|
| Form <b>990</b><br><br>Department of the Treasury<br>Internal Revenue Service | <b>Return of Organization Exempt From Income Tax</b><br><b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</b><br>▶ Do not enter social security numbers on this form as it may be made public.<br>▶ Information about Form 990 and its instructions is at <a href="http://www.irs.gov/foim990">www.irs.gov/foim990</a> | OMB No 1545-0047<br><b>2015</b><br><b>Open to Public Inspection</b> |
|--|--|---|

|   |  |  |  |
|---|--|--|--|
| <b>A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015</b>   |  |  |  |
| <b>B</b> Check if applicable<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>UNIVERSITY COMMUNITY HOSPITAL<br>FOUNDATION INC                                     |  | <b>D</b> Employer identification number<br><br>59-2554889  |
|   | Doing business as<br>FLORIDA HOSPITAL TAMPA FOUNDATION C   |  | <b>E</b> Telephone number<br><br>(813) 971-6000  |
|   | Number and street (or P.O. box if mail is not delivered to street address)<br>3100 EAST FLETCHER AVENUE              | Room/suite   |  |
|   | City or town, state or province, country, and ZIP or foreign postal code<br>TAMPA, FL 336134688                      |  | <b>G</b> Gross receipts \$ 1,805,263   |
|   | <b>F</b> Name and address of principal officer<br>KURT STONESIFER MD<br>3100 EAST FLETCHER AVENUE<br>TAMPA, FL 33613 |  | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>I</b> 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  |  | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions) |  |
| <b>J Website:</b> ▶ WWW.ELEVATINGHEALTHCARE.ORG   |  | <b>H(c)</b> Group exemption number ▶   |  |
| <b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |  | <b>L</b> Year of formation 1985  | <b>M</b> State of legal domicile FL  |

## Part I Summary

|  |   |                           |              |
|--|---|---------------------------|--------------|
| Activities & Governance  | 1 Briefly describe the organization's mission or most significant activities<br>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        |                           |              |
|  | 3 Number of voting members of the governing body (Part VI, line 1a) . . . . .   | 3                         | 19           |
|  | 4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .   | 4                         | 19           |
| 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . . . | 5   | 0                         |              |
| 6 Total number of volunteers (estimate if necessary) . . . . .                           | 6   | 30                        |              |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .        | 7a  | 0                         |              |
| 7b Net unrelated business taxable income from Form 990-T, line 34 . . . . .              | 7b  |                           |              |
| Revenue  |   | Prior Year                | Current Year |
|  | 8 Contributions and grants (Part VIII, line 1h) . . . . .   | 3,723,021                 | 399,768      |
|  | 9 Program service revenue (Part VIII, line 2g) . . . . .  |                           | 0            |
|  | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .   | 1,388,533                 | 1,374,664    |
|  | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |                           | 0            |
|  | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 5,111,554                 | 1,774,432    |
| Expenses   | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .  | 812,384                   | 20,907       |
|  | 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) <sup>201</sup>  |                           |              |
|  | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .   | 18,548                    | 31,525       |
|  | 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)   | 830,932                   | 52,432       |
|  | 19 Revenue less expenses Subtract line 18 from line 12 . . . . .  | 4,280,622                 | 1,722,000    |
| Net Assets or Fund Balances  |   | Beginning of Current Year | End of Year  |
|  | 20 Total assets (Part X, line 16) . . . . .   | 26,121,924                | 27,911,608   |
|  | 21 Total liabilities (Part X, line 26) . . . . .  | 798,680                   | 866,364      |
|  | 22 Net assets or fund balances Subtract line 21 from line 20 . . . . .  | 25,323,244                | 27,045,244   |

|                |                        |
|----------------|------------------------|
| <b>Part II</b> | <b>Signature Block</b> |
|----------------|------------------------|

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.

|  |   |  |  |  |                         |   |
|--|---|--|--|--|-------------------------|---|
| <b>Sign Here</b>   | *****   |  |  |  | 2016-11-11              |   |
|  | Signature of officer                          |  |  |  | Date                    |   |
| <b>Paid Preparer Use Only</b>  | KURT STONESIFER MD CHAIR                      |  |  |  |                         |   |
|  | Type or print name and title                  |  |  |  |                         |   |
|  | Pnnt/Type preparer's name<br>GERALD L APPLEBY |  | Preparer's signature<br>GERALD L APPLEBY |  | Date<br>2016-11-14      | Check <input type="checkbox"/> if self-employed PTIN<br>P01057535 |
|  | Firm's name ▶ MARSOCCI APPLEBY AND COMPANY PA |  |  |  |                         | Firm's EIN ▶ 46-3981960   |
| Firm's address ▶ 3815 WEST HUMPHREY STREET SUITE 10<br>TAMPA, FL 33614 |   |  |  |  | Phone no (813) 932-2116 |   |

Part III

Statement of Program Service Accomplishments

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

☐

1

Briefly describe the organization's mission

FUNDRAISING AND VOLUNTEER ACTIVITY FOR SUPPORTED TAX-EXEMPT HOSPITAL

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3

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

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code ) (Expenses \$ 20,907 including grants of \$ 20,907 ) (Revenue \$ )

THE PRIMARY EXEMPT PURPOSE OF UNIVERSITY COMMUNITY HOSPITAL FOUNDATION INC (THE FOUNDATION) IS TO CONDUCT FUNDRAISING ON BEHALF OF THE UNIVERSITY COMMUNITY HOSPITAL, INC , AN IRC SECTION 501 (C)(3) ORGANIZATION

4b

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

4c

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

4d



















Other program services (Describe in Schedule O )

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






4e

Total program service expenses ▶ 20,907

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 Yes   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?    | 2 Yes   |    |
| 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       | No |
| 4 Section 501(c)(3) organizations.<br>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       | No |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5       | No |
| 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       | No |
| 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       | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III    | 8       | No |
| 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9       | No |
| 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 Yes  |    |
| 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 Yes |    |
| 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     | No |
| 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     | No |
| 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     | No |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e Yes |    |
| 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     | No |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII   | 12a     | No |
| 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     | No |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13      | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?   | 14a     | No |
| 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     | No |
| 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      | No |
| 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      | No |
| 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      | No |
| 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 Yes  |    |
| 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      | No |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a     | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b     |    |

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

|            |  |            |     |    |
|------------|--|------------|-----|----|
| <b>21</b>  | 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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .                     | <b>21</b>  | Yes |    |
| <b>22</b>  | 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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .                                        | <b>22</b>  |     | No |
| <b>23</b>  | 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? <i>If "Yes," complete Schedule J</i> . . . . .  | <b>23</b>  |     | No |
| <b>24a</b> | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                                      | <b>24a</b> |     | No |
| <b>b</b>   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  | <b>24b</b> |     |    |
| <b>c</b>   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   | <b>24c</b> |     |    |
| <b>d</b>   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .  | <b>24d</b> |     |    |
| <b>25a</b> | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b><br>Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .  | <b>25a</b> |     | No |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .   | <b>25b</b> |     | No |
| <b>26</b>  | 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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .   | <b>26</b>  |     | No |
| <b>27</b>  | 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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .           | <b>27</b>  |     | No |
| <b>28</b>  | 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)   |            |     |    |
| <b>a</b>   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | <b>28a</b> |     | No |
| <b>b</b>   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | <b>28b</b> |     | No |
| <b>c</b>   | 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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | <b>28c</b> |     | No |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | <b>29</b>  |     | No |
| <b>30</b>  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | <b>30</b>  |     | No |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .  | <b>31</b>  |     | No |
| <b>32</b>  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .  | <b>32</b>  |     | No |
| <b>33</b>  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .   | <b>33</b>  |     | No |
| <b>34</b>  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .   | <b>34</b>  | Yes |    |
| <b>35a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | <b>35a</b> |     | No |
| <b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | <b>35b</b> |     |    |
| <b>36</b>  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .    | <b>36</b>  |     | No |
| <b>37</b>  | 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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .  | <b>37</b>  |     | No |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | <b>38</b>  | Yes |    |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

|     |  |     |     |
|-----|--|-----|-----|
|     |  | Yes | No  |
| 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.  | 1a  | 0   |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.   | 1b  | 0   |
| c   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | 1c  | No  |
| 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?<br><b>Note.</b> 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  | No  |
| 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  | No  |
| b   | If "Yes," enter the name of the foreign country: _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |     |     |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a  | No  |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b  | No  |
| 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  | No  |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | 6b  |     |
| 7   | Organizations that may receive deductible contributions under section 170(c).  |     |     |
| a   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7a  | Yes |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b  | Yes |
| c   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | 7c  | No  |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year.   | 7d  |     |
| e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e  | No  |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f  | No  |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g  |     |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h  |     |
| 8   | Sponsoring organizations maintaining donor advised funds.<br>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | 8   |     |
| 9a  | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a  |     |
| b   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b  |     |
| 10  | Section 501(c)(7) organizations. Enter   |     |     |
| a   | Initiation fees and capital contributions included on Part VIII, line 12.  | 10a |     |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.   | 10b |     |
| 11  | Section 501(c)(12) organizations. Enter  |     |     |
| a   | Gross income from members or shareholders.   | 11a |     |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).   | 11b |     |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a |     |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   | 12b |     |
| 13  | Section 501(c)(29) qualified nonprofit health insurance issuers.   |     |     |
| a   | Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.  | 13a |     |
| b   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.   | 13b |     |
| c   | Enter the amount of reserves on hand.  | 13c |     |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a | No  |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.   | 14b |     |

**Part VI Governance, Management, and Disclosure**

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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**

|           |   | Yes | No  |
|-----------|---|-----|-----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>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 | 19  |     |
| <b>1b</b> | Enter the number of voting members included in line 1a, above, who are independent  | 19  |     |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   | 2   | No  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?   | 3   | No  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | 4   | No  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?  | 5   | No  |
| <b>6</b>  | Did the organization have members or stockholders?  | 6   | No  |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  | 7a  | Yes |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | 7b  | Yes |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  |     |     |
| <b>a</b>  | The governing body?   | 8a  | Yes |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?   | 8b  | Yes |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | 9   | No  |

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

|            |  | Yes | No  |
|------------|--|-----|-----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   | 10a | No  |
| <b>b</b>   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   | 10b |     |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a | Yes |
| <b>b</b>   | Describe in Schedule O the process, if any, used by the organization to review this Form 990   |     |     |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a | Yes |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b | Yes |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | 12c | Yes |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | 13  | Yes |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | 14  | Yes |
| <b>15</b>  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |     |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official   | 15a | No  |
| <b>b</b>   | Other officers or key employees of the organization  | 15b | No  |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)   |     |     |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | 16a | No  |
| <b>b</b>   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ 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  
**SCOTT M CHILDERS 14055 RIVEREDGE DRIVE TAMPA, FL 33637 (813) 803-4030**

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)<br>Name and Title                           | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) DARBRA ADAIR<br>.....<br>BOARD MEMBER       | 1 00<br>.....  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (2) ELENA AZZARELLI<br>.....<br>BOARD MEMBER    | 1 00<br>.....  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (3) SUMESH CHANDRA MD<br>.....<br>BOARD MEMBER  | 1 00<br>.....  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (4) ANGIE FERLITA<br>.....<br>BOARD MEMBER      | 1 00<br>.....  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (5) ROGER JOYCE<br>.....<br>BOARD MEMBER        | 1 00<br>.....  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (6) JJ ZWIRN<br>.....<br>BOARD MEMBER           | 1 00<br>.....  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (7) STEVE LAY MD<br>.....<br>BOARD MEMBER       | 1 00<br>.....  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (8) MARILYN MCPHAIL<br>.....<br>BOARD MEMBER    | 1 00<br>.....  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (9) FRED MEYER<br>.....<br>BOARD MEMBER         | 1 00<br>.....  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (10) JULIE MOORE<br>.....<br>BOARD MEMBER       | 1 00<br>.....  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (11) DINA SIERRA SMITH<br>.....<br>BOARD MEMBER | 1 00<br>.....  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (12) KURT STONESIFER MD<br>.....<br>CHAIR       | 1 00<br>.....  | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (13) TODD TAYLOR<br>.....<br>BOARD MEMBER       | 1 00<br>.....  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (14) GARY WILLIAMS<br>.....<br>BOARD MEMBER     | 1 00<br>.....  | X   |                       |         |              |                              |        | 0  | 0   | 0   |



## Part VII

|           |  |   |  |  |  |
|-----------|--|---|--|--|--|
| <b>1b</b> | <b>Sub-Total . . . . .</b>   | ▶ |  |  |  |
| <b>c</b>  | <b>Total from continuation sheets to Part VII, Section A . . . . .</b> | ▶ |  |  |  |
| <b>d</b>  | <b>Total (add lines 1b and 1c) . . . . .</b>                           | ▶ |  |  |  |

**2** Total number of individuals (including but not limited to those \$100,000 of reportable compensation from the organization) ▶

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

## Section B. Independent Contractors

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

| (A)                       | (B)                     | (C)          |
|---------------------------|-------------------------|--------------|
| Name and business address | Description of services | 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 ►

Part VIII

Statement of Revenue

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

|   |   |   |   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |  |
|---|---|---|---|----------------------|--|---|---|--|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a  | Federated campaigns . . .   | 1a  |                      |  |   |   |  |
|   | b   | Membership dues . . . . .   | 1b  |                      |  |   |   |  |
|   | c   | Fundraising events . . . . .  | 1c  | 112,569              |  |   |   |  |
|   | d   | Related organizations . . . . .   | 1d  |                      |  |   |   |  |
|   | e   | Government grants (contributions)   | 1e  |                      |  |   |   |  |
|   | f   | All other contributions, gifts, grants, and<br>similar amounts not included above   | 1f  | 287,199              |  |   |   |  |
|   | g   | Noncash contributions included in lines<br>1a-1f \$   |   |                      |  |   |   |  |
|   | h   | Total. Add lines 1a-1f . . . . .  |   |                      | 399,768  |   |   |  |
| Program Service Revenue                                   |   |   | Business 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,<br>and other similar amounts) . . . . .   |   | 1,374,664            |  |   | 1,374,664   |  |
|   | 4   | Income from investment of tax-exempt bond proceeds . . .  |   |                      |  |   |   |  |
|   | 5   | Royalties . . . . .   |   |                      |  |   |   |  |
|   | 6a  | (i) Real  |   | (ii) Personal        |  |   |   |  |
|   |   | Gross rents   |   |                      |  |   |   |  |
|   |   | b   | Less rental expenses                                |                      |  |   |   |  |
|   |   | c   | Rental income or (loss)                             |                      |  |   |   |  |
|   | d   | Net rental income or (loss) . . . . .   |   |                      |  |   |   |  |
|   | 7a  | (i) Securities  |   | (ii) Other           |  |   |   |  |
|   |   | Gross amount from sales of assets other than inventory  |   |                      |  |   |   |  |
|   |   | b   | Less cost or other basis and sales expenses         |                      |  |   |   |  |
|   |   | c   | Gain or (loss)                                      |                      |  |   |   |  |
|   | d   | Net gain or (loss) . . . . .  |   |                      |  |   |   |  |
|   | 8a  | Gross income from fundraising events (not including<br>\$ 112,569 of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . |   |                      |  |   |   |  |
|   |   | a   |   | 30,831               |  |   |   |  |
|   |   | b   | Less direct expenses . . . . .                      | b                    | 30,831   |   |   |  |
|   |   | c   | Net income or (loss) from fundraising events . . .  |                      |  |   |   |  |
|   | 9a  | Gross income from gaming activities<br>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                     |   | Business Code                                       |                      |  |   |   |  |
| 11a   |   |   |   |                      |  |   |   |  |
| b   |   |   |   |                      |  |   |   |  |
| c   |   |   |   |                      |  |   |   |  |
| d   | All other revenue . . . . .               |   |   |                      |  |   |   |  |
| e   | Total. Add lines 11a-11d . . . . .        |   |   |                      |  |   |   |  |
| 12  | Total revenue. See Instructions . . . . . |   |   | 1,774,432            |  |   | 1,374,664   |  |

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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|--|-----------------------|---------------------------------|--|-----------------------------|
| 1  | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.  | 20,907                | 20,907                          |  |                             |
| 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.)   | 8,000                 |                                 | 8,000                                  |                             |
| 12   | Advertising and promotion.   |                       |                                 |  |                             |
| 13   | Office expenses.   | 223                   |                                 | 22                                     | 201                         |
| 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.   | 808                   |                                 | 808                                    |                             |
| 23   | Insurance.   |                       |                                 |  |                             |
| 24   | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| a  | BAD DEBT EXPENSE   | 17,865                |                                 | 17,865                                 |                             |
| b  | CATERING / SPECIAL EVENTS  | 3,582                 |                                 | 3,582                                  |                             |
| c  | OTHER EXPENSES   | 1,047                 |                                 | 1,047                                  |                             |
| d  |  |                       |                                 |  |                             |
| e  | All other expenses   |                       |                                 |  |                             |
| 25   | <b>Total functional expenses.</b> Add lines 1 through 24e.   | 52,432                | 20,907                          | 31,324                                 | 201                         |
| 26   | <b>Joint costs.</b> 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)               |            | (B)         |     |
|-----------------------------|---|---|------------|-------------------|------------|-------------|-----|
|                             |   |   |            | Beginning of year |            | End of year |     |
| Assets                      | 1   | Cash—non-interest-bearing . . . . .   |            | 323,812           | 1          | 33,443      |     |
|                             | 2   | Savings and temporary cash investments . . . . .  |            |                   | 2          |             |     |
|                             | 3   | Pledges and grants receivable, net . . . . .  |            | 839,446           | 3          | 184,340     |     |
|                             | 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 . . . . .   |            | 5,162             | 9          |             |     |
|                             | 10a   | Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .  | 10a        | 61,002            |            |             |     |
|                             | b   | Less: accumulated depreciation . . . . .  | 10b        | 60,194            | 1,616      | 10c         | 808 |
|                             | 11  | Investments—publicly traded securities . . . . .  |            | 24,824,711        | 11         | 27,608,615  |     |
|                             | 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 . . . . .  |            | 127,177           | 15         | 84,402      |     |
| 16                          | Total assets. Add lines 1 through 15 (must equal line 34) . . . . .   |   | 26,121,924 | 16                | 27,911,608 |             |     |
| 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 . . . . .   |            | 798,680           | 25         | 866,364     |     |
|                             | 26  | Total liabilities. Add lines 17 through 25 . . . . .  |            | 798,680           | 26         | 866,364     |     |
| 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 . . . . .   |            | 5,405,886         | 27         | 5,653,653   |     |
|                             | 28  | Temporarily restricted net assets . . . . .   |            | 19,452,333        | 28         | 20,926,566  |     |
|                             | 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 . . . . .   |            | 25,323,244        | 33         | 27,045,244  |     |
|                             | 34  | Total liabilities and net assets/fund balances . . . . .  |            | 26,121,924        | 34         | 27,911,608  |     |

**Part XI Reconciliation of Net Assets**

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

|           |   |           |            |
|-----------|---|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b>  | 1,774,432  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b>  | 52,432     |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1   | <b>3</b>  | 1,722,000  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | 25,323,244 |
| <b>5</b>  | Net unrealized gains (losses) on investments  | <b>5</b>  |            |
| <b>6</b>  | Donated services and use of facilities  | <b>6</b>  |            |
| <b>7</b>  | Investment expenses   | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments  | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)  | <b>9</b>  |            |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 27,045,244 |

**Part XII Financial Statements and Reporting**

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

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| <b>2b</b> | Were the organization's financial statements audited by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                           |     | No |
| <b>2c</b> | 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  |     |    |
| <b>3a</b> | 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?   |     | No |
| <b>3b</b> | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits   |     |    |

SCHEDULE A  
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
UNIVERSITY COMMUNITY HOSPITAL  
FOUNDATION INC

Employer identification number  
59-2554889

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

- The organization is not a private foundation because it is (For lines 1 through 11, check only one box )
- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))
- 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 . . . . .

1
- g

Provide the following information about the supported organization(s)

| (i)<br>Name of supported organization   | (ii)EIN   | (iii)<br>Type of organization (described on lines 1- 9 above (see instructions)) | (iv)<br>Is the organization listed in your governing document? |    | (v)<br>Amount of monetary support (see instructions) | (vi)<br>Amount of other support (see instructions) |
|---|-----------|--|--|----|--|--|
|   |           |  | Yes  | No |  |  |
| (A)<br>UNIVERSITY COMMUNITY HOSPITAL INC<br>UNIVERSITY COMMUNITY HOSPITAL INC | 591113901 |  | Yes  |    | 20,907   | 0  |
|   |           |  |  |    |  |  |
| Total1  |           |  |  |    | 20,907   |  |

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<br>(or fiscal year beginning in) ►  | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (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<br>(or fiscal year beginning in) ►   | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (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 2015 (line 6, column (f) divided by line 11, column (f))  |  | 14 |  |  |  |                            |
| 15 Public support percentage for 2014 Schedule A, Part II, line 14   |  | 15 |  |  |  |                            |
| 16a 33 1/3% support test—2015.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—2014.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—2015.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—2014.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<br>(or fiscal year beginning in) ►  | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|---|---------|---------|---------|---------|---------|----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |         |         |         |         |         |          |
| <b>2</b> 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 |         |         |         |         |         |          |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |         |         |         |         |         |          |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |         |         |         |         |         |          |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |         |         |         |         |         |          |
| <b>6 Total.</b> Add lines 1 through 5   |         |         |         |         |         |          |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |         |         |         |         |         |          |
| <b>b</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           |         |         |         |         |         |          |
| <b>c</b> Add lines 7a and 7b  |         |         |         |         |         |          |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |         |         |         |         |         |          |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►   | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|--|---------|---------|---------|---------|---------|----------|
| <b>9</b> Amounts from line 6   |         |         |         |         |         |          |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |         |         |         |         |         |          |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   |         |         |         |         |         |          |
| <b>c</b> Add lines 10a and 10b   |         |         |         |         |         |          |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |         |         |         |         |         |          |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |         |         |         |         |         |          |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |         |         |         |         |         |          |
| <b>14 First five years.</b> 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 <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span> |         |         |         |         |         |          |

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

|  |           |  |
|--|-----------|--|
| <b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| <b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15                      | <b>16</b> |  |

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

|  |           |  |
|--|-----------|--|
| <b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17                        | <b>18</b> |  |

**19a 33 1/3% support tests—2015.** 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—2014.** 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

|  | Yes   | No |
|--|-------|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.   | 1 Yes |    |
| 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).  | 2     | No |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.   | 3a    | No |
| 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 <b>Part VI</b> when and how the organization made the determination.  | 3b    |    |
| 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 <b>Part VI</b> what controls the organization put in place to ensure such use.   | 3c    |    |
| 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.   | 4a    | No |
| 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.  | 4b    |    |
| 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.   | 4c    |    |
| 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). | 5a    | No |
| b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   | 5b    |    |
| c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  | 5c    |    |
| 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 <b>Part VI</b> .   | 6     | No |
| 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).  | 7     | No |
| 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 II of Schedule L (Form 990).   | 8     | No |
| 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 <b>Part VI</b> .  | 9a    | No |
| 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 <b>Part VI</b> .  | 9b    | No |
| 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 <b>Part VI</b> .   | 9c    | No |
| 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.   | 10a   | No |
| 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.)   | 10b   |    |
| 11 Has the organization accepted a gift or contribution from any of the following persons?   |       |    |
| a 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?  | 11a   | No |
| b A family member of a person described in (a) above?  | 11b   | No |
| c 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.  | 11c   | No |

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

|   |     |    |
|---|-----|----|
|   | Yes | No |
| 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?<br><i>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.</i> | Yes |    |
| 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?<br><i>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.</i>  |     | No |

Section C. Type II Supporting Organizations

|  |     |    |
|--|-----|----|
|  | Yes | No |
| 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)?<br><i>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).</i> |     |    |

Section D. All Type III Supporting Organizations

|   |     |    |
|---|-----|----|
|   | Yes | No |
| 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?<br><i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   |     |    |
| 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?<br><i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     |    |

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)  |    |     |    |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.   |    |     |    |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.  |    |     |    |
| c <input type="checkbox"/> 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.  |    | Yes | No |
| a 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?<br><i>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.</i> | 2a |     |    |
| b 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?<br><i>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.</i>  | 2b |     |    |
| 3 Parent of Supported Organizations. Answer (a) and (b) below.  |    |     |    |
| a 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.  | 3a |     |    |
| b 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.  | 3b |     |    |

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                               | <b>Adjusted Net Income</b> (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) | 1              |                             |
| 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                                | <b>Total</b> (add lines 1a, 1b, and 1c)  | 1d             |                             |
| e                                | <b>Discount</b> 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                                | <b>Minimum Asset Amount</b> (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                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | 6            |  |
| 7                                | Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/> |              |  |

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

| <b>Section D - Distributions</b>  | <b>Current Year</b> |
|---|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity    |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets  |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |                     |
| <b>6</b> Other distributions (describe in Part VI) See instructions   |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6  |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions |                     |
| <b>9</b> Distributable amount for 2015 from Section C, line 6   |                     |
| <b>10</b> Line 8 amount divided by Line 9 amount  |                     |

| <b>Section E - Distribution Allocations (see instructions)</b>   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2015</b> | <b>(iii)<br/>Distributable<br/>Amount for 2015</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2015 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)   |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2015   |                                     |   |  |
| <b>a</b>   |                                     |   |  |
| <b>b</b>   |                                     |   |  |
| <b>c</b>   |                                     |   |  |
| <b>d</b> From 2013. . . . .  |                                     |   |  |
| <b>e</b> From 2014. . . . .  |                                     |   |  |
| <b>f Total</b> of lines 3a through e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2015 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2010 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f   |                                     |   |  |
| <b>4</b> Distributions for 2015 from Section D, line 7<br>\$   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2015 distributable amount  |                                     |   |  |
| <b>c</b> Remainder Subtract lines 4a and 4b from 4   |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                                     |   |  |
| <b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c   |                                     |   |  |
| <b>8</b> Breakdown of line 7   |                                     |   |  |
| <b>a</b>   |                                     |   |  |
| <b>b</b>   |                                     |   |  |
| <b>c</b> Excess from 2013. . . . .   |                                     |   |  |
| <b>d</b> From 2014. . . . .  |                                     |   |  |
| <b>e</b> From 2015. . . . .  |                                     |   |  |

**Part VI Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference

Explanation

SCHEDULE D

(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on 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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

|   |  |
|---|--|
| Name of the organization<br>UNIVERSITY COMMUNITY HOSPITAL<br>FOUNDATION INC | Employer identification number<br>59-2554889 |
|---|--|

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>  |                              |
| 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |                              |

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

|   |   |    |
|---|---|----|
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education)<div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space</div><input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Preservation of a certified historic structure</div> |    |
| 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  |    |
| 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>  |    |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year<br>► _____  |    |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year<br>► \$ _____   |    |
| 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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>  |    |
| 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" on 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)  | Revenue included on 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 on Form 990, Part VIII, line 1  | ► \$ _____ |
| b    | Assets included in Form 990, Part X  | ► \$ _____ |

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3

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

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Amount

1c

1d

1e

1f

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 | b (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance . . . . .                     | 19,917,358      | 15,959,081    | 15,352,543          | 16,260,168          | 16,247,486         |
| b Contributions . . . . .                                  | 408,643         | 3,717,574     | 1,135,681           | 982,420             | 561,793            |
| c Net investment earnings, gains, and losses               | 1,086,497       | 1,053,087     | 831,175             | 679,929             | 59,341             |
| d Grants or scholarships . . . . .                         |                 |               |                     |                     |                    |
| e Other expenditures for facilities and programs . . . . . | 20,907          | 812,384       | 1,360,318           | 2,515,974           | 662,452            |
| f Administrative expenses . . . . .                        |                 |               |                     |                     |                    |
| g End of year balance . . . . .                            | 21,391,591      | 19,917,358    | 15,959,081          | 15,352,543          | 16,206,168         |

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 ▶ 2 170 %

c Temporarily restricted endowment ▶ 97 830 %

The percentages on 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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

3a(i)

3a(ii)

3b

Yes

No

No

No

b

If "Yes" on 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                         | 60,194                      | 808           |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . . . |                                     |                                |                             | 808           |





Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|   |   |    |    |  |
|---|---|----|----|--|
| 1 | Total revenue, gains, and other support per audited financial statements . . . . .      |    | 1  |  |
| 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 |    |  |
| c | Recoveries of prior year grants . . . . .   | 2c |    |  |
| d | Other (Describe in Part XIII ) . . . . .  | 2d |    |  |
| e | Add lines 2a through 2d . . . . .   |    | 2e |  |
| 3 | Subtract line 2e from line 1 . . . . .  |    | 3  |  |
| 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  |  |

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|   |  |    |    |  |
|---|--|----|----|--|
| 1 | Total expenses and losses per audited financial statements . . . . .                     |    | 1  |  |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25                         |    |    |  |
| a | Donated services and use of facilities . . . . .   | 2a |    |  |
| b | Prior year adjustments . . . . .   | 2b |    |  |
| c | Other losses . . . . .   | 2c |    |  |
| d | Other (Describe in Part XIII ) . . . . .   | 2d |    |  |
| e | Add lines 2a through 2d . . . . .  |    | 2e |  |
| 3 | Subtract line 2e from line 1 . . . . .   |    | 3  |  |
| 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  |  |

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.

| Return Reference                   | Explanation  |
|------------------------------------|--|
| SCHEDULE D, PAGE 2, PART V, LINE 4 | 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 XIII**   **Supplemental Information** *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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](http://www.irs.gov/form990)

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
UNIVERSITY COMMUNITY HOSPITAL  
FOUNDATION INC

Employer identification number  
59-2554889

Part I Fundraising Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ 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.

Part II Fundraising Events.

Complete if the organization answered "Yes" on 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.

| Revenue         |  | (a)Event #1<br>ANNUAL GOLF TOU<br>(event type) | (b)Event #2<br>(event type) | (c)Other events<br>(total number) | (d)<br>Total events<br>(add col (a) through<br>col (c)) |
|-----------------|--|--|-----------------------------|-----------------------------------|---|
|                 |  |  |                             |                                   |   |
|                 | 1 Gross receipts . . . . .   | 143,400  |                             |                                   | 143,400   |
|                 | 2 Less Contributions . . . . .   | 112,569  |                             |                                   | 112,569   |
|                 | 3 Gross income (line 1 minus<br>line 2) . . . . .                          | 30,831   |                             |                                   | 30,831  |
| Direct Expenses | 4 Cash prizes . . . . .  |  |                             |                                   |   |
|                 | 5 Noncash prizes . . . . .   |  |                             |                                   |   |
|                 | 6 Rent/facility costs . . . . .  |  |                             |                                   |   |
|                 | 7 Food and beverages . . . . .   |  |                             |                                   |   |
|                 | 8 Entertainment . . . . .  |  |                             |                                   |   |
|                 | 9 Other direct expenses . . . . .  | 30,831   |                             |                                   | 30,831  |
|                 | 10 Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶  |  |                             |                                   | 30,831  |
|                 | 11 Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶ |  |                             |                                   |   |

Part III Gaming.

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

| Revenue         |  | (a)Bingo  | (b)Pull tabs/Instant<br>bingo/progressive bingo                     | (c)Other gaming   | (d)<br>Total gaming (add col<br>(a) through col (c)) |
|-----------------|--|---|---|---|--|
|                 |  |   |   |   |  |
|                 | 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 _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><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? ☐ Yes ☐ No

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11**

Does the organization 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

|          |                             |            |   |
|----------|-----------------------------|------------|---|
| <b>a</b> | The organization's facility | <b>13a</b> | % |
| <b>b</b> | An outside facility         | <b>13b</b> | % |

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

**Part IV**

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

# 2015

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

59-2554889

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22  
Part III can be duplicated if additional space is needed

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

Part IV

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

| Return Reference                   | Explanation   |
|------------------------------------|---|
| SCHEDULE I, PAGE 1, PART I, LINE 2 | 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)**Department of the  
Treasury  
Internal Revenue  
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 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](http://www.irs.gov/form990).

OMB No 1545-0047

**2015****Open to Public  
Inspection**Name of the organization  
UNIVERSITY COMMUNITY HOSPITAL  
FOUNDATION INC**Employer identification number**

59-2554889

**990 Schedule O, Supplemental Information**

| Return Reference                   | Explanation  |
|------------------------------------|--|
| FORM 990                           | D/B/A FLORIDA HOSPITAL TAMPA FOUNDATION CORPORATION  |
| FORM 990, PAGE 6, PART VI, LINE 7A | 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 COMMUNIT<br>Y HOSPITAL, INC THEN FINALIZE AND VOTE TO APPROVE THE TRUSTEES |



**990 Schedule O, Supplemental Information**

| Return Reference                       | Explanation  |
|--|--|
| FORM 990, PAGE 6,<br>PART VI, LINE 7B  | 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, PAGE 6,<br>PART VI, LINE 11B | 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 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                          | Explanation  |
|--|--|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 12C | 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 PRINCIPAL OFFICERS, (TO BE KNOWN AS AFFILIATED PERSONS) IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTERESTS, ANY MEMBER OF THE BOARD OF TRUSTEES OF THE FILING ORGANIZATION OR ANY PRINCIPAL OFFICER OF THE FILING ORGANIZATION (I.E. AFFILIATED PERSONS) MUST DISCLOSE THE EXISTENCE OF ANY FINANCIAL INTEREST WITH THE FILING ORGANIZATION AND MUST BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS CONCERNING THE FINANCIAL INTEREST/ARRANGEMENT TO THE BOARD OF TRUSTEES OF THE FILING ORGANIZATION OR TO ANY MEMBERS OF A COMMITTEE WITH BOARD DELEGATED POWERS THAT IS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT SUBSEQUENT TO ANY DISCLOSURE OF ANY FINANCIAL INTEREST/ARRANGEMENT AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE RELEVANT AFFILIATED PERSON, THE REMAINING MEMBERS OF THE BOARD OF TRUSTEES OR COMMITTEE WITH BOARD DELEGATED POWERS SHALL DISCUSS, ANALYZE, AND VOTE UPON THE POTENTIAL FINANCIAL INTEREST/ARRANGEMENT TO DETERMINE IF A CONFLICT OF INTEREST EXISTS ACCORDING TO THE FILING ORGANIZATION'S CONFLICT OF INTEREST POLICY, AN AFFILIATED PERSON MAY MAKE A PRESENTATION TO THE BOARD OF TRUSTEES (OR COMMITTEE WITH BOARD DELEGATED POWERS), BUT AFTER SUCH PRESENTATION, SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULTS IN A CONFLICT OF INTEREST EACH AFFILIATED PERSON, AS DEFINED UNDER THE FILING ORGANIZATION CONFLICT OF INTEREST POLICY, SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, UNDERSTANDS THE POLICY APPLIES TO COMMITTEES AND SUBCOMMITTEES AND UNDERSTANDS THAT THE FILING ORGANIZATION IS A CHARITABLE ORGANIZATION THAT MUST PRIMARILY ENGAGE IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS EXEMPT PURPOSES THE FILING ORGANIZATION'S CONFLICT OF INTEREST POLICY ALSO REQUIRES THAT PERIODIC REVIEWS SHALL BE CONDUCTED TO ENSURE THAT THE FILING ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH ITS CHARITABLE PURPOSES |
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 19  | 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  |

**990 Schedule O, Supplemental Information**

| Return Reference            | Explanation                 |
|-----------------------------|-----------------------------|
| FORM 990, PART IX, LINE 11G | PROFESSIONAL FEES 0 8,000 0 |

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name 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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

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

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
| See Additional Data Table                             |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |

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)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|--|--|---------------------------------|--|---|----|--|---|----|--------------------------------|
|  |                         |  |  |  |                                 |  | Yes                                     | No |  | Yes                                       | No |                                |
| See Additional Data Table                                |                         |  |  |  |                                 |  |   |    |  |   |    |                                |
|  |                         |  |  |  |                                 |  |   |    |  |   |    |                                |
|  |                         |  |  |  |                                 |  |   |    |  |   |    |                                |
|  |                         |  |  |  |                                 |  |   |    |  |   |    |                                |
|  |                         |  |  |  |                                 |  |   |    |  |   |    |                                |
|  |                         |  |  |  |                                 |  |   |    |  |   |    |                                |
|  |                         |  |  |  |                                 |  |   |    |  |   |    |                                |

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)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S<br>corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-<br>of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|---|--------------------------------|--|----|
|  |                         |   |                                     |   |                                 |   |                                | Yes  | No |
| See Additional Data Table                                |                         |   |                                     |   |                                 |   |                                |  |    |
|  |                         |   |                                     |   |                                 |   |                                |  |    |
|  |                         |   |                                     |   |                                 |   |                                |  |    |
|  |                         |   |                                     |   |                                 |   |                                |  |    |
|  |                         |   |                                     |   |                                 |   |                                |  |    |
|  |                         |   |                                     |   |                                 |   |                                |  |    |
|  |                         |   |                                     |   |                                 |   |                                |  |    |

**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

|  |            |           |
|--|------------|-----------|
| <b>1</b> 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? | <b>Yes</b> | <b>No</b> |
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .               | <b>1a</b>  | <b>No</b> |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b>  | <b>No</b> |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b>  | <b>No</b> |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b>  | <b>No</b> |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b>  | <b>No</b> |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b>  | <b>No</b> |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b>  | <b>No</b> |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b>  | <b>No</b> |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b>  | <b>No</b> |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b>  | <b>No</b> |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b>  | <b>No</b> |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b>  | <b>No</b> |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b>  | <b>No</b> |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b>  | <b>No</b> |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b>  | <b>No</b> |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b>  | <b>No</b> |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b>  | <b>No</b> |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b>  | <b>No</b> |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b>  | <b>No</b> |

**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)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
|                                     |                                  |                        |  |
|                                     |                                  |                        |  |
|                                     |                                  |                        |  |
|                                     |                                  |                        |  |
|                                     |                                  |                        |  |
|                                     |                                  |                        |  |

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.

[illegible]

**Part VII**    **Supplemental Information**

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

| Return Reference | Explanation   |
|------------------|---|
| SCHEDULE R       | PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIPS    NAME AND EIN OF RELATED ORGANIZATION<br>APPALACHIAN THERAPY SERVICES, LLC    EIN    20-2463851 DIRECT CONTROLLING ENTITY    FLETCHER HOSPITAL, INC    CLEAR CREEK MOB,<br>LTD    EIN    74-2609195 DIRECT CONTROLLING ENTITY    CLEAR CREEK MOD, INC    ENDOSCOPY CENTER AT PORTER, LLC    EIN    20-5855038<br>DIRECT CONTROLLING ENTITY    PORTERCARE ADVENTIST HEALTH SYSTEMS FLORIDA HOSPITAL DME/RT, LLC    EIN    20-2392253 DIRECT<br>CONTROLLING ENTITY    PRINCETON PROF SERVICES, INC    FLORIDA HOSPITAL HOME INFUSION    EIN    59-3142824 DIRECT CONTROLLING<br>ENTITY    PRINCETON PROF SERVS/FH WATERMAN PAHS/USP SURGERY CENTERS, LLC    EIN    26-3057950 DIRECT CONTROLLING ENTITY<br>PORTERCARE ADVENTIST HEALTH SYSTEM SAN MARCOS M R I , LP    EIN    77-0597972 DIRECT CONTROLLING ENTITY    ADVENTIST HLTH<br>SYSTEM/SUNBELT, INC    SHAWNEE MISSION OPEN MRI, LLC    EIN    27-0011796 DIRECT CONTROLLING ENTITY    SHAWNEE MISSION MED CTR,<br>INC    PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST    NAME AND ADDRESS OF RELATED<br>ORGANIZATION    UNIVERSITY COMMUNITY HEALTH INSURANCE COMPANY SPC, LTD C/O AON INSURANCE MANAGERS PO BOX 69GT GRAND<br>CAYMAN, CAYMAN ISLANDS |



Additional Data

Software ID:

Software Version:

EIN: 59-2554889

Name: UNIVERSITY COMMUNITY HOSPITAL  
FOUNDATION INC

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

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state<br>or foreign<br>country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status<br>(if section 501(c)<br>(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
|  |                         |   |                               |   |                                     | Yes  | No |
| ADVENTIST BOLINGBROOK HOSPITAL<br>500 REMINGTON BLVD<br>BOLINGBROOK, IL 60440<br>65-1219504                | OPERATION               | IL  | 501C3                         | 3   | ADVENTIST                           |  | No |
| ADVENTIST CARE CENTERS - COURTLAND<br>730 COURTLAND STREET<br>ORLANDO, FL 32804<br>20-5774723              | OPERATION               | FL  | 501C3                         | 9   | SUNBELT HL                          |  | No |
| ADVENTIST GLENOAKS HOSPITAL<br>701 WINTHROP AVENUE<br>GLENDALE HEIGHTS, IL 60139<br>36-3208390             | OPERATION               | IL  | 501C3                         | 3   | ADVENTIST                           |  | No |
| ADVENTIST HINSDALE HOSPITAL<br>120 NORTH OAK STREET<br>HINSDALE, IL 60521<br>36-2276984                    | OPERATION               | IL  | 501C3                         | 3   | ADVENTIST                           |  | No |
| ADVENTIST HLTH MID-AMERICA INC<br>9100 W 74TH STREET<br>SHAWNEE MISSION, KS 66204<br>52-1347407            | HLTHCARE R              | KS  | 501C3                         | 11A   | ADVENTIST                           |  | No |
| ADVENTIST HLTH PARTNERS INC<br>1000 REMINGTON BLVD STE 200<br>BOLINGBROOK, IL 60440<br>36-4138353          | OPERATE OU              | IL  | 501C3                         | 3   | AHS MIDWES                          |  | No |
| ADVENTIST HLTH SYSTEM SUNBELT HLTHC<br>900 HOPE WAY<br>ALTAMONTE SPRINGS, FL 32714<br>59-2170012           | MANAGEMENT              | FL  | 501C3                         | 11A   | NA                                  |  | No |
| ADVENTIST HLTH SYSTEMGEORGIA INC<br>1035 RED BUD ROAD<br>CALHOUN, GA 30701<br>58-1425000                   | OPERATION               | GA  | 501C3                         | 3   | ADVENTIST                           |  | No |
| ADVENTIST HLTH SYSTEMSUNBELT INC<br>900 HOPE WAY<br>ALTAMONTE SPRINGS, FL 32714<br>59-1479658              | OPERATION               | FL  | 501C3                         | 3   | ADVENTIST                           |  | No |
| ADVENTIST HLTH SYSTEMTEXAS INC<br>11801 S FREEWAY<br>BURLESON, TX 76028<br>74-2578952                      | LEASING PE              | TX  | 501C3                         | PF  | ADVENTIST                           |  | No |
| ADVENTIST UNIVERSITY OF HEALTH SCIE<br>671 LAKE WINYAH DRIVE<br>ORLANDO, FL 32803<br>59-3069793            | EDUCATION/              | FL  | 501C3                         | 2   | ADVENTIST                           |  | No |
| AHS MIDWEST MANAGEMENT INC<br>1000 REMINGTON BLVD STE 200<br>BOLINGBROOK, IL 60440<br>36-3354567           | OPERATION               | IL  | 501C3                         | 11A   | ADVENTIST                           |  | No |
| AHSCENTRAL TEXAS INC<br>1301 WONDER WORLD DRIVE<br>SAN MARCOS, TX 78666<br>74-2621825                      | PROVIDE OF              | TX  | 501C3                         | PF  | ADVENTIST                           |  | No |
| APOPKA HLTH CARE PROPERTIES INC<br>305 E OAK STREET<br>APOPKA, FL 32703<br>51-0605694                      | LEASE TO R              | GA  | 501C3                         | PF  | SUNBELT HL                          |  | No |
| BATTLE CREEK ADVENTIST HOSPITAL<br>1000 REMINGTON BLVD STE 200<br>BOLINGBROOK, IL 60440<br>38-1359189      | INACTIVE                | MI  | 501C3                         | 3   | ADVENTIST                           |  | No |
| BOLINGBROOK HOSPITAL FOUNDATION<br>1000 REMINGTON BLVD N ENTRANCE 2<br>BOLINGBROOK, IL 60440<br>90-0494445 | FUND-RAISI              | IL  | 501C3                         | 7   | MIDWEST HL                          |  | No |
| BRADFORD HEIGHTS HLTH & REHAB CENTE<br>950 HIGHPOINT DRIVE<br>HOPKINSVILLE, KY 42240<br>20-5782342         | OPERATION               | KY  | 501C3                         | 9   | SUNBELT HL                          |  | No |
| BURLESON NURSING & REHAB CENTER IN<br>301 HUGULEY BLVD<br>BURLESON, TX 76028<br>20-5782243                 | OPERATION               | TX  | 501C3                         | 9   | SUNBELT HL                          |  | No |
| CALDWELL HLTH CARE PROPERTIES INC<br>1333 WEST MAIN<br>PRINCETON, KY 42445<br>51-0605680                   | LEASE TO R              | GA  | 501C3                         | PF  | SUNBELT HL                          |  | No |
| CENTRAL TEXAS HLTHCARE COLLABORATIV<br>1301 WONDER WORLD DRIVE<br>SAN MARCOS, TX 78666<br>45-3739929       | SUPPORT OP              | TX  | 501C3                         | 11A   | ADVENTIST                           |  | No |

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

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state<br>or foreign<br>country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status<br>(if section 501(c)<br>3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|---|-------------------------|---|-------------------------------|--|-------------------------------------|--|----|
|   |                         |   |                               |  |                                     | Yes  | No |
| CENTRAL TEXAS MEDICAL CENTER FOUNDA<br>1301 WONDER WORLD DRIVE<br>SAN MARCOS, TX 78666<br>74-2259907  | FUND-RAISI              | TX  | 501C3                         | 7  | NA                                  |  | No |
| CHICKASAW HLTH CARE PROPERTIES INC<br>250 S CHICKASAW TRAIL<br>ORLANDO, FL 32825<br>51-0605681        | LEASE TO R              | GA  | 501C3                         | PF   | SUNBELT HL                          |  | No |
| CHIPPEWA VALLEY HOSPITAL & OAKVIEW<br>1220 THIRD AVENUE WEST<br>DURAND, WI 54736<br>39-1365168        | OPERATION               | WI  | 501C3                         | 3  | ADVENTIST                           |  | No |
| COBB MEDICAL ASSOCIATES LLC<br>3949 SOUTH COBB DRIVE SE<br>SMYRNA, GA 30080<br>58-2617089             | OPERATION               | GA  | 501C3                         | 3  | EMORY-ADVE                          |  | No |
| COURTLAND HLTH CARE PROPERTIES INC<br>730 COURTLAND STREET<br>ORLANDO, FL 32804<br>51-0605682         | LEASE TO R              | GA  | 501C3                         | PF   | SUNBELT HL                          |  | No |
| CREEKWOOD PLACE NURSING & REHAB CEN<br>683 E THIRD STREET<br>RUSSELLVILLE, KY 42276<br>20-5782260     | OPERATION               | KY  | 501C3                         | 9  | SUNBELT HL                          |  | No |
| DAIRY ROAD HLTH CARE PROPERTIES IN<br>7350 DAIRY ROAD<br>ZEPHYRHILLS, FL 33540<br>51-0605684          | LEASE TO R              | GA  | 501C3                         | PF   | SUNBELT HL                          |  | No |
| EAST ORLANDO HLTH & REHAB CENTER I<br>250 S CHICKASAW TRAIL<br>ORLANDO, FL 32825<br>20-5774748        | OPERATION               | FL  | 501C3                         | 9  | SUNBELT HL                          |  | No |
| EMORY-ADVENTIST INC<br>3949 SOUTH COBB DRIVE<br>SMYRNA, GA 30080<br>58-2171011                        | OPERATION               | GA  | 501C3                         | 3  | ADVENTIST                           |  | No |
| FLETCHER HOSPITAL INC<br>100 HOSPITAL DRIVE<br>HENDERSONVILLE, NC 28792<br>56-0543246                 | OPERATION               | NC  | 501C3                         | 3  | ADVENTIST                           |  | No |
| FLNC INC<br>3355 E SEMORAN BLVD<br>APOPKA, FL 32703<br>20-5774761                                     | OPERATION               | FL  | 501C3                         | 9  | SUNBELT HL                          |  | No |
| FLORIDA HOSPITAL HEALTHCARE PARTNER<br>770 W GRENADA BLVD 101<br>ORMOND BEACH, FL 32174<br>46-2354804 | OPERATION               | FL  | 501C3                         | 3  | ADVENTIST                           |  | No |
| FLORIDA HOSPITAL MEDICAL GROUP INC<br>2600 WESTHALL LN<br>MAITLAND, FL 32751<br>59-3214635            | OPERATION               | FL  | 501C3                         | 3  | ADVENTIST                           |  | No |
| FLORIDA HOSPITAL PHYSICIAN GROUP I<br>14055 RIVEREDGE DRIVE STE 250<br>TAMPA, FL 33637<br>46-2021581  | OPERATION               | FL  | 501C3                         | 3  | ADVENTIST                           |  | No |
| FLORIDA HOSPITAL WATERMAN INC<br>1000 WATERMAN WAY<br>TAVARES, FL 32778<br>59-3140669                 | OPERATION               | FL  | 501C3                         | 3  | ADVENTIST                           |  | No |
| FLORIDA HOSPITAL ZEPHYRHILLS INC<br>7050 GALL BLVD<br>ZEPHYRHILLS, FL 33541<br>59-2108057             | OPERATION               | FL  | 501C3                         | 3  | ADVENTIST                           |  | No |
| FOUNDATION FOR SHAWNEE MISSION MEDI<br>9100 W 74TH STREET<br>SHAWNEE MISSION, KS 66204<br>48-0868859  | FUND-RAISI              | KS  | 501C3                         | 11A  | SHAWNEE MI                          |  | No |
| GLENOAKS HOSPITAL FOUNDATION<br>701 WINTHROP AVENUE<br>GLENDALE HEIGHTS, IL 60139<br>36-3926044       | FUND-RAISI              | IL  | 501C3                         | 7  | MIDWEST HL                          |  | No |
| HELEN ELLIS MEMORIAL HOSPITAL AUXIL<br>1395 S PINELLAS AVE<br>TARPON SPRINGS, FL 34689<br>59-2106043  | FUND-RAISI              | FL  | 501C3                         | PF   | NA                                  |  | No |
| HELEN ELLIS MEMORIAL HOSPITAL FOUND<br>1395 S PINELLAS AVE<br>TARPON SPRINGS, FL 34689<br>59-3690149  | FUND-RAISI              | FL  | 501C3                         | PF   | NA                                  |  | No |

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

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|--|-------------------------|--|----------------------------|---|----------------------------------|---|----|
|  |                         |  |                            |   |                                  | Yes   | No |
| HINSDALE HOSPITAL FOUNDATION<br>7 SALT CREEK LANE SUITE 203<br>HINSDALE, IL 60521<br>52-1466387              | FUND-RAISI              | IL   | 501C3                      | 7   | MIDWEST HL                       |   | No |
| IN-MOTION REHAB INC<br>602 COURTLAND STREET STE 200<br>ORLANDO, FL 32804<br>20-8023411                       | THERAPY SE              | KS   | 501C3                      | PF  | SUNBELT HL                       |   | No |
| JELICO COMMUNITY HOSPITAL INC<br>188 HOSPITAL LANE<br>JELICO, TN 37762<br>62-0924706                         | OPERATION               | TN   | 501C3                      | 3   | ADVENTIST                        |   | No |
| LA GRANGE MEMORIAL HOSPITAL FOUNDAT<br>5101 S WILLOW SPRINGS RD<br>LA GRANGE, IL 60525<br>30-0247776         | FUND-RAISI              | IL   | 501C3                      | 7   | MIDWEST HL                       |   | No |
| MEMORIAL HLTH SYSTEMS FOUNDATION I<br>770 WEST GRANADA BLVD<br>ORMOND BEACH, FL 32174<br>31-1771522          | FUND-RAISI              | FL   | 501C3                      | 7   | NA                               |   | No |
| MEMORIAL HLTH SYSTEMS INC<br>301 MEMORIAL MEDICAL PARKWAY<br>DAYTONA BEACH, FL 32117<br>59-0973502           | OPERATION               | FL   | 501C3                      | 3   | ADVENTIST                        |   | No |
| MEMORIAL HOSPITAL - WEST VOLUSIA I<br>701 WEST PLYMOUTH AVENUE<br>DELAND, FL 32720<br>59-3256803             | OPERATION               | FL   | 501C3                      | 3   | MEMORIAL H                       |   | No |
| MEMORIAL HOSPITAL FLAGLER INC<br>60 MEMORIAL MEDICAL PARKWAY<br>PALM COAST, FL 32164<br>59-2951990           | OPERATION               | FL   | 501C3                      | 3   | MEMORIAL H                       |   | No |
| MEMORIAL HOSPITAL INC<br>210 MARIE LANGDON DRIVE<br>MANCHESTER, KY 40962<br>61-0594620                       | OPERATION               | KY   | 501C3                      | 3   | ADVENTIST                        |   | No |
| MERRIAM HLTH CARE PROPERTIES INC<br>9700 WEST 62ND STREET<br>MERRIAM, KS 66203<br>36-4595806                 | LEASE TO R              | KS   | 501C3                      | PF  | SUNBELT HL                       |   | No |
| METROPLEX ADVENTIST HOSPITAL INC<br>2201 S CLEAR CREEK ROAD<br>KILLEEN, TX 76549<br>74-2225672               | OPERATION               | TX   | 501C3                      | 3   | ADVENTIST                        |   | No |
| METROPLEX CLINIC PHYSICIANS INC<br>2201 S CLEAR CREEK ROAD<br>KILLEEN, TX 76549<br>11-3762050                | PHYSICIAN               | TX   | 501C3                      | 3   | METROPLEX                        |   | No |
| METROPLEX HOSPITAL INC<br>900 HOPE WAY<br>ALTAMONTE SPRINGS, FL 32714<br>46-1256516                          | FUTURE OPE              | FL   | 501C3                      | 3   | ADVENTIST                        |   | No |
| MIDWEST HLTH FOUNDATION<br>120 NORTH OAK STREET<br>HINSDALE, IL 60521<br>35-2230515                          | SUPPORT OF              | IL   | 501C3                      | PF  | NA                               |   | No |
| MILLS HLTH & REHAB CENTER INC<br>500 BECK LANE<br>MAYFIELD, KY 42066<br>20-5782320                           | OPERATION               | KY   | 501C3                      | 9   | SUNBELT HL                       |   | No |
| MISSION STRATEGIES OF GEORGIA INC<br>3949 S COBB DRIVE<br>SMYRNA, GA 30080<br>90-0866024                     | PROVISION               | GA   | 501C3                      | PF  | SUNBELT HL                       |   | No |
| MISSOURI ADVENTIST HLTH INC<br>9100 W 74TH STREET<br>SHAWNEE MISSION, KS 66204<br>43-1224729                 | SUPPORT HL              | MO   | 501C3                      | PF  | ADVENTIST                        |   | No |
| NORTH REGIONAL EMS INC<br>188 HOSPITAL LANE<br>JELICO, TN 37762<br>26-2653616                                | EMS SERVIC              | TN   | 501C3                      | 9   | JELICO CO                        |   | No |
| ORMOND BEACH MEMORIAL HOSPITAL AUXI<br>301 MEMORIAL MEDICAL PARKWAY<br>DAYTONA BEACH, FL 32117<br>59-1721962 | VOLUNTEER               | FL   | 501C3                      | PF  | NA                               |   | No |
| OVERLAND PARK NURSING & REHAB CENTE<br>6501 WEST 75TH STREET<br>OVERLAND PARK, KS 66204<br>20-5774821        | OPERATION               | KS   | 501C3                      | 9   | SUNBELT                          |   | No |

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

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state<br>or foreign<br>country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status<br>(if section 501(c)<br>(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|---|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
|   |                         |   |                               |   |                                     | Yes  | No |
| PARAGON HLTH CARE PROPERTIES INC<br>950 HIGHPOINT DRIVE<br>HOPKINSVILLE, KY 42240<br>51-0605686         | LEASE TO R              | GA  | 501C3                         | PF  | SUNBELT HL                          |  | No |
| PASCO-PINELLAS HILLSBOROUGH COMMUNI<br>2600 BRUCE B DOWNS BLVD<br>WESLEY CHAPEL, FL 33544<br>20-8488713 | OPERATION               | FL  | 501C3                         | 3   | ADVENTIST                           |  | No |
| PORTERCARE ADVENTIST HLTH SYSTEM (<br>2525 S DOWNING STREET<br>DENVER, CO 80210<br>84-0438224           | OPERATION               | CO  | 501C3                         | 3   | ADVENTIST                           |  | No |
| PRINCETON HLTH & REHAB CENTER INC<br>1333 WEST MAIN<br>PRINCETON, KY 42445<br>20-5782272                | OPERATION               | KY  | 501C3                         | 9   | SUNBELT HL                          |  | No |
| PRINCETON PROFESSIONAL SERVICES IN<br>601 E ROLLINS STREET<br>ORLANDO, FL 32803<br>59-1191045           | PROVISION               | FL  | 501C3                         | 9   | ADVENTIST                           |  | No |
| QUALITY CIRCLE FOR HLTHCARE INC<br>900 HOPE WAY<br>ALTAMONTE SPRINGS, FL 32714<br>26-3789368            | HLTHCARE Q              | FL  | 501C3                         | 11A   | ADVENTIST                           |  | No |
| RESOURCE PERSONNEL INC<br>602 COURTLAND STREET STE 200<br>ORLANDO, FL 32804<br>20-8040875               | PROVIDE AD              | FL  | 501C3                         | PF  | SUNBELT HL                          |  | No |
| ROCKY MOUNTAIN ADVENTIST HLTHCARE F<br>2525 SOUTH DOWNING STREET<br>DENVER, CO 80210<br>84-0745018      | FUND-RAISI              | CO  | 501C3                         | 7   | NA                                  |  | No |
| ROLLINS BROOK COMMUNITY CARE CORP<br>2201 S CLEAR CREEK ROAD<br>KILLEEN, TX 76549<br>46-1656773         | INACTIVE                | TX  | 501C3                         | 11A   | ADVENTIST                           |  | No |
| RUSSELLVILLE HLTH CARE PROPERTIES<br>683 EAST THIRD STREET<br>RUSSELLVILLE, KY 42276<br>51-0605691      | LEASE TO R              | GA  | 501C3                         | PF  | SUNBELT HL                          |  | No |
| SAN MARCOS HLTH CARE PROPERTIES IN<br>1900 MEDICAL PARKWAY<br>SAN MARCOS, TX 78666<br>51-0605693        | LEASE TO R              | GA  | 501C3                         | PF  | SUNBELT HL                          |  | No |
| SAN MARCOS NURSING & REHAB CENTER<br>1900 MEDICAL PARKWAY<br>SAN MARCOS, TX 78666<br>20-5782224         | OPERATION               | TX  | 501C3                         | 9   | SUNBELT HL                          |  | No |
| SHAWNEE MISSION HLTH CARE INC<br>6501 WEST 75TH STREET<br>OVERLAND PARK, KS 66204<br>48-0952508         | LEASE TO R              | KS  | 501C3                         | PF  | SUNBELT HL                          |  | No |
| SHAWNEE MISSION MEDICAL CENTER INC<br>9100 W 74TH STREET<br>SHAWNEE MISSION, KS 66204<br>48-0637331     | OPERATION               | KS  | 501C3                         | 3   | ADVENTIST                           |  | No |
| WEST FLORIDA HEALTH HOME CARE INC<br>PO BOX 1289<br>TAMPA, FL 33601<br>59-3686109                       | OPERATING               | GA  | 501C3                         | PF  | ADVENTIST                           |  | No |
| SOUTH CENTRAL INC<br>900 HOPE WAY<br>ALTAMONTE SPRINGS, FL 32714<br>59-3689740                          | MANAGEMENT              | GA  | 501C3                         | PF  | NA                                  |  | No |
| SOUTH PASCO HLTH CARE PROPERTIES I<br>38250 A AVENUE<br>ZEPHYRHILLS, FL 33542<br>51-0605679             | LEASE TO R              | GA  | 501C3                         | PF  | SUNBELT HL                          |  | No |
| SOUTHWEST VOLUSIA HLTH SERVICES IN<br>1055 SAXON BLVD<br>ORANGE CITY, FL 32763<br>59-3281591            | MEDICAL OF              | FL  | 501C3                         | 11A   | SOUTHWEST                           |  | No |
| SOUTHWEST VOLUSIA HLTHCARE CORP<br>1055 SAXON BLVD<br>ORANGE CITY, FL 32763<br>59-3149293               | OPERATION               | FL  | 501C3                         | 3   | ADVENTIST                           |  | No |
| SPECIALTY PHYSICIANS OF CENTRAL TEX<br>1301 WONDER WORLD DRIVE<br>SAN MARCOS, TX 78666<br>20-8814408    | PHYSICIAN               | TX  | 501C3                         | 3   | ADVENTIST                           |  | No |

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

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state<br>or foreign<br>country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status<br>(if section 501(c)<br>(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|---|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
|   |                         |   |                               |   |                                     | Yes  | No |
| SPRING VIEW HLTH & REHAB CENTER IN<br>718 GOODWIN LANE<br>LEITCHFIELD, KY 42754<br>20-5782288             | OPERATION               | KY  | 501C3                         | 9   | SUNBELT HL                          |  | No |
| SUNBELT HLTH & REHAB CENTER - APOPK<br>305 EAST OAK STREET<br>APOPKA, FL 32703<br>20-5774856              | OPERATION               | FL  | 501C3                         | 9   | SUNBELT HL                          |  | No |
| SUNBELT HLTH CARE CENTERS INC<br>602 COURTLAND STREET STE 200<br>ORLANDO, FL 32804<br>58-1473135          | MANAGEMENT              | TN  | 501C3                         | 3   | ADVENTIST                           |  | No |
| SUNSYSTEM DEVELOPMENT CORP<br>900 HOPE WAY<br>ALTAMONTE SPRINGS, FL 32714<br>59-2219301                   | FUND RAISI              | FL  | 501C3                         | 7   | ADVENTIST                           |  | No |
| TARPON SPRINGS HOSPITAL FOUNDATION<br>1395 S PINELLAS AVE<br>TARPON SPRINGS, FL 34689<br>59-0898901       | OPERATION               | FL  | 501C3                         | 3   | UNIVERSITY                          |  | No |
| TARRANT COUNTY HLTH CARE PROPERTIES<br>301 HUGULEY BLVD<br>BURLESON, TX 76028<br>51-0605677               | LEASE TO R              | GA  | 501C3                         | PF  | SUNBELT HL                          |  | No |
| TAYLOR CREEK HLTH CARE PROPERTIES<br>718 GOODWIN LANE<br>LEITCHFIELD, KY 42754<br>51-0605678              | LEASE TO R              | GA  | 501C3                         | PF  | SUNBELT HL                          |  | No |
| THE VOLUNTEER AUXILIARY OF FLORIDA<br>60 MEMORIAL MEDICAL PARKWAY<br>PALM COAST, FL 32164<br>59-2486582   | VOLUNTEER               | FL  | 501C3                         | PF  | NA                                  |  | No |
| TRINITY NURSING & REHAB CENTER INC<br>9700 WEST 62ND STREET<br>MERRIAM, KS 66203<br>20-5774890            | OPERATION               | KS  | 501C3                         | 9   | SUNBELT HL                          |  | No |
| UNIVERSITY COMMUNITY HOSPITAL FOUND<br>3100 E FLETCHER AVE<br>TAMPA, FL 33613<br>59-2554889               | FUND-RAISI              | FL  | 501C3                         | 11A   | NA                                  |  | No |
| UNIVERSITY COMMUNITY HOSPITAL SPECI<br>3100 E FLETCHER AVE<br>TAMPA, FL 33613<br>59-3231322               | INACTIVE                | FL  | 501C3                         | 11A   | UNIVERSITY                          |  | No |
| UNIVERSITY COMMUNITY HOSPITAL INC<br>3100 E FLETCHER AVE<br>TAMPA, FL 33613<br>59-1113901                 | OPERATION               | FL  | 501C3                         | 3   | ADVENTIST                           |  | No |
| WEST KENTUCKY HLTH CARE PROPERTIES<br>500 BECK LANE<br>MAYFIELD, KY 42066<br>51-0605676                   | LEASE TO R              | GA  | 501C3                         | PF  | SUNBELT HL                          |  | No |
| ZEPHYR HAVEN HLTH & REHAB CENTER I<br>38250 A AVENUE<br>ZEPHYRHILLS, FL 33542<br>20-5774930               | OPERATION               | FL  | 501C3                         | 9   | SUNBELT HL                          |  | No |
| ZEPHYRHILLS HLTH & REHAB CENTER IN<br>7350 DAIRY ROAD<br>ZEPHYRHILLS, FL 33540<br>20-5774967              | OPERATION               | FL  | 501C3                         | 9   | SUNBELT HL                          |  | No |
| FOUNTAIN INN NURSING & REHAB CENTER<br>602 COURTLAND ST STE 200<br>ORLANDO, FL 32804<br>47-2180518        | OPERATIONS              | FL  | 501C3                         | 9   | SUNBELT HL                          |  | No |
| HOSPICE OF THE COMFORTER INC<br>480 W CENTRAL PARKWAY<br>ALTAMONTE SPRINGS, FL 32714<br>59-2935928        | OPERATION               | FL  | 501C3                         | 9   | THE COMFOR                          |  | No |
| HOSPICE OF THE COMFORTER FOUNDATION<br>480 W CENTRAL PARKWAY<br>ALTAMONTE SPRINGS, FL 32714<br>27-1858033 | FUNDRAISIN              | FL  | 501C3                         | 7   | THE COMFOR                          |  | No |
| LAKE COUNTY HEALTH CARE PROPERTIES<br>602 COURTLAND ST STE 200<br>ORLANDO, FL 32804<br>47-2179868         | LEASING                 | FL  | 501C3                         | PF  | SUNBELTH H                          |  | No |
| TAKOMA REGIONAL HOSPITAL INC<br>401 TAKOMA AVE<br>GREENSVILLE, TN 37743<br>51-0603966                     | OPERATION               | TN  | 501C3                         | 3   | ADVENTIST                           |  | No |

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

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state<br>or foreign<br>country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status<br>(if section 501(c)<br>(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
|  |                         |   |                               |   |                                     | Yes  | No |
| TAKOMA REGIONAL HOSPITAL FOUNDATION<br>401 TAKOMA AVE<br>GREENSVILLE, TN 37743<br>47-1334302         | FUNDRASING              | TN  | 501C3                         | 7   | TAKOMA REG                          |  | No |
| THE COMFORTER HEALTH CARE GROUP IN<br>605 MONTGOMERY RD<br>ALTAMONTE SPRINGS, FL 32714<br>27-1857940 | LEASING                 | FL  | 501C3                         | PF  | N/A                                 |  | No |
| TRI-COUNTY NURSING AND REHAB CENTER<br>602 COURTLAND ST STE 200<br>ORLANDO, FL 32804<br>47-2219363   | OPERATIONS              | FL  | 501C3                         | 9   | SUNBELT HL                          |  | No |

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

| (a)<br>Name, address, and EIN of<br>related organization  | (b)<br>Primary activity | (c)<br>Legal<br>Domicile<br>(State<br>or<br>Foreign<br>Country) | (d)<br>Direct<br>Controlling<br>Entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections<br>512-514) | (f)<br>Share of total<br>income | (g)<br>Share of end-<br>of-year assets | (h)<br>Disproporportionate<br>allocations? |    | (i)<br>Code V-UBI amount<br>in<br>Box 20 of Schedule<br>K-1<br>(Form 1065) | (j)<br>General<br>or<br>Managing<br>Partner? |    | (k)<br>Percentage<br>ownership |
|---|-------------------------|---|--|---|---------------------------------|--|--|----|--|--|----|--------------------------------|
|   |                         |   |  |   |                                 |  | Yes  | No |  | Yes  | No |                                |
| APPALACHIAN THERAPY<br>SERVICES LLC<br><br>100 HOSPITAL DRIVE<br>HENDERSONVILLE, NC<br>28792<br>20-2463851          | THERAPY ST              | NC  | N/A                                    |   |                                 |  |  | No |  |  | No |                                |
| CLEAR CREEK MOB LTD<br><br>2201 S CLEAR CREEK RD<br>KILLEEN, TX 76549<br>74-2609195                                 | REAL ESTAT              | TX  | N/A                                    |   |                                 |  |  | No |  |  | No |                                |
| ENDOSCOPY CENTER AT<br>PORTER LLC<br><br>1001 SOUTH PARK DRIVE<br>LITTLETON, CO 80120<br>20-5855038                 | MEDICAL SE              | CO  | N/A                                    |   |                                 |  |  | No |  |  | No |                                |
| FLORIDA HOSPITAL DMERT<br>LLC<br><br>2450 MAITLAND CENTER<br>PKWY STE 200<br>MAITLAND, FL 32751<br>20-2392253       | MEDICAL EQ              | FL  | N/A                                    |   |                                 |  |  | No |  |  | No |                                |
| FLORIDA HOSPITAL HOME<br>INFUSION<br><br>2450 MAITLAND CENTER<br>PKWY STE 200<br>MAITLAND, FL 32751<br>59-3142824   | HOME INFUS              | FL  | N/A                                    |   |                                 |  |  | No |  |  | No |                                |
| PAHSUSP SURGERY CENTERS<br>LLC<br><br>15305 DALLAS PKWY STE<br>1600 LB 28<br>ADDISON, TX 75010<br>26-3057950        | MEDICAL SE              | CO  | N/A                                    |   |                                 |  |  | No |  |  | No |                                |
| SAN MARCOS MRI LP<br><br>1330 WONDER WORLD DR<br>STE 202<br>SAN MARCOS, TX 78666<br>77-0597972                      | IMAGING &               | TX  | N/A                                    |   |                                 |  |  | No |  |  | No |                                |
| SHAWNEE MISSION OPEN<br>MRI LLC<br><br>9100 W 74TH STREET BOX<br>2923<br>SHAWNEE MISSION, KS<br>66201<br>27-0011796 | IMAGING &               | KS  | N/A                                    |   |                                 |  |  | No |  |  | No |                                |

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

| (a)<br>Name, address, and EIN of<br>related organization   | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S<br>corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|---|--------------------------------|---|----|
|  |                         |   |                                     |   |                                 |   |                                | Yes   | No |
| ALTAMONTE MEDICAL PLAZA<br>(1) CONDOMINIUM<br>601 EAST ROLLINS STREET<br>ORLANDO, FL 32803<br>59-2855792           | CONDO ASSO              | FL  | N/A                                 |   |                                 |   |                                |   | No |
| AOPKA MEDICAL PLAZA<br>(1) CONDOMINIUM AS<br>601 EAST ROLLINS STREET<br>ORLANDO, FL 32803<br>59-3000857            | CONDO ASSO              | FL  | N/A                                 |   |                                 |   |                                |   | No |
| (2) CC MOB INC<br>2201 S CLEAR CREEK ROAD<br>KILLEEN, TX 76549<br>74-2616875                                       | REAL ESTAT              | TX  | N/A                                 |   |                                 |   |                                |   | No |
| (3)<br>CENTRAL TEXAS MEDICAL ASSOCIATES<br>1301 WONDER WORLD DRIVE<br>SAN MARCOS, TX 78666<br>74-2729873           | PHYSICIAN               | TX  | N/A                                 |   |                                 |   |                                |   | No |
| (4)<br>CENTRAL TEXAS PROVIDER'S NETWORK<br>1301 WONDER WORLD DRIVE<br>SAN MARCOS, TX 78666<br>74-2827652           | PHYSICIAN               | TX  | N/A                                 |   |                                 |   |                                |   | No |
| (5)<br>FLORIDA HOSPITAL FLAGLER MEDICAL<br>OF<br>60 MEMORIAL MEDICAL PARKWAY<br>PALM COAST, FL 32164<br>26-2158309 | CONDO ASSO              | FL  | N/A                                 |   |                                 |   |                                |   | No |
| FLORIDA HOSPITAL HEALTHCARE<br>(6) SYSTEM<br>602 COURTLAND STREET<br>ORLANDO, FL 32804<br>59-3215680               | PHO/TPA-FL              | FL  | N/A                                 |   |                                 |   |                                |   | No |
| FLORIDA MEDICAL PLAZA CONDO<br>(7) ASSOCIA<br>601 EAST ROLLINS STREET<br>ORLANDO, FL 32803<br>59-2855791           | CONDO ASSO              | FL  | N/A                                 |   |                                 |   |                                |   | No |
| (8)<br>FLORIDA MEMORIAL HEALTH NETWORK<br>IN<br>770 W GRANADA BLVD STE 317<br>ORMOND BEACH, FL 32174<br>59-3403558 | PHYSICIAN               | FL  | N/A                                 |   |                                 |   |                                |   | No |
| (9) HUGULEY ALLIANCE FOUNDATION<br>11801 SOUTH FREEWAY<br>FORT WORTH, TX 76115<br>75-2642209                       | INACTIVE-T              | TX  | N/A                                 |   |                                 |   |                                |   | No |
| (10)<br>KISSIMMEE MULTISPECIALTY CLINIC<br>CON<br>201 HILDA STREET SUITE 30<br>KISSIMMEE, FL 34741<br>59-3539564   | CONDO ASSO              | FL  | N/A                                 |   |                                 |   |                                |   | No |
| (11)<br>MIDWEST MANAGEMENT SERVICES INC<br>9100 WEST 74TH STREET<br>SHAWNEE MISSION, KS 66204<br>48-0901551        | REAL ESTAT              | KS  | N/A                                 |   |                                 |   |                                |   | No |
| (12)<br>NORTH AMERICAN HEALTH SERVICES<br>INC<br>111 N ORLANDO AVENUE<br>WINTER PARK, FL 32789<br>62-1041820       | LESSOR/HOL              | FL  | N/A                                 |   |                                 |   |                                |   | No |
| ORMOND PROFESSIONAL CONDO<br>(13) ASSOCIATI<br>770 W GRANADA BLVD STE 101<br>ORMOND BEACH, FL 32174<br>59-2694434  | CONDO ASSO              | FL  | N/A                                 |   |                                 |   |                                |   | No |
| PARK RIDGE PROPERTY OWNER'S<br>(14) ASSOCIA<br>1 PARK PLACE NAPLES ROAD<br>FLETCHER, NC 28732<br>03-0380531        | CONDO ASSO              | NC  | N/A                                 |   |                                 |   |                                |   | No |



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

| (a)<br>Name, address, and EIN of<br>related organization  | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S<br>corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|---|-------------------------|---|-------------------------------------|---|---------------------------------|---|--------------------------------|---|----|
|   |                         |   |                                     |   |                                 |   |                                | Yes   | No |
| (16)<br>PORTER AFFILIATED HLTH SERVICES IN<br>2525 S DOWNING STREET<br>DENVER, CO 80210<br>84-0956175           | HEALTHCARE              | CO  | N/A                                 |   |                                 |   |                                |   | No |
| (1) SAN MARCOS REGIONAL MRI INC<br>1301 WONDER WORLD DRIVE<br>SAN MARCOS, TX 78666<br>77-0597968                | HOLDING CO              | TX  | N/A                                 |   |                                 |   |                                |   | No |
| (2)<br>THE GARDEN RETIREMENT COMMUNITY<br>IN<br>602 COURTLAND STREET STE 200<br>ORLANDO, FL 32804<br>59-3414055 | REAL ESTAT              | FL  | N/A                                 |   |                                 |   |                                |   | No |
| WINTER PARK MEDICAL OFFICE<br>(3) BUILDING<br>200 LAKEMONT AVE<br>WINTER PARK, FL 32792<br>45-2228478           | PHYSICIAN               | FL  | N/A                                 |   |                                 |   |                                |   | No |