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Form 990

Department of the
Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

2015

Open to Public
Inspection

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

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

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization
UNIVERSITY COMMUNITY HOSPITAL
FOUNDATION INCDoing business as
FLORIDA HOSPITAL TAMPA FOUNDATION CNumber and street (or P O box if mail is not delivered to street address) Room/suite
3100 EAST FLETCHER AVENUECity or town, state or province, country, and ZIP or foreign postal code
TAMPA, FL 33613-4688

D Employer identification number

59-2554889

E Telephone number

(813) 971-6000

G Gross receipts \$ 1,805,263

F Name and address of principal officer
KURT STONESIFER MD
3100 EAST FLETCHER AVENUE
TAMPA, FL 33613H(a) Is this a group return for
subordinates? Yes NoH(b) Are all subordinates
Included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status 501(c)(3) 501(c) () (Insert no.) 4947(a)(1) or 527J Website: ► WWW.ELEVATINGHEALTHCARE.ORGK Form of organization Corporation Trust Association Other ►

L Year of formation 1985

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities

FUNDRAISING FOR THE NEEDS OF UNIVERSITY COMMUNITY HOSPITAL, INC

2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	4	5	6	7a	7b
4 Number of independent voting members of the governing body (Part VI, line 1b)					
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)					
6 Total number of volunteers (estimate if necessary)					
7a Total unrelated business revenue from Part VIII, column (C), line 12					
b Net unrelated business taxable income from Form 990-T, line 34					

Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year	
		3,723,021	399,768	0	1,388,533
9 Program service revenue (Part VIII, line 2g)					0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)					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)	Prior Year		Current Year	
		812,384	20,907	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)					0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)					0
16a Professional fundraising fees (Part IX, column (A), line 11e)					0
b Total fundraising expenses (Part IX, column (D), line 25) ► 201					0
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	21	22	23
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	

Part II Signature Block

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

Sign Here	*****	2016-11-11
	Signature of officer	Date
	KURT STONESIFER MD CHAIR	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name GERALD L APPLEBY	Preparer's signature GERALD L APPLEBY	Date 2016-11-14	Check <input type="checkbox"/> if self-employed	PTIN P01057535
	Firm's name ► MARSOCCHI APPLEBY AND COMPANY PA				Firm's EIN ► 46-3981960
	Firm's address ► 3815 WEST HUMPHREY STREET SUITE 10 TAMPA, FL 33614				Phone no (813) 932-2116

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2015)

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?

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

- 1** Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2** Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?
- 3** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 4 Section 501(c)(3) organizations.**
Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 5** Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III
- 6** Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
- 7** Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
- 8** Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 9** Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
- 10** Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V
- 11** If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
 - a** Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
 - b** Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
 - c** Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
 - d** Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
 - e** Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
 - f** Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a** Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
- 12b** 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
- 13** Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a** Did the organization maintain an office, employees, or agents outside of the United States?
- b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV
- 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
- 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
- 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)
- 18** Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 19** Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
- 20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
- b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	No	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	No	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	No	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	No	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	No	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	No	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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 ► 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).	7a	Yes	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d		
d If "Yes," indicate the number of Forms 8282 filed during the year	7e		No
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8		
8 Sponsoring organizations maintaining donor advised funds.	9a		
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	9b		
9a Did the sponsoring organization make any taxable distributions under section 4966?			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter	10a		
a Initiation fees and capital contributions included on Part VIII, line 12	10b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter	11a		
a Gross income from members or shareholders	11b		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
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.	13a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13b		
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	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

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

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

- 10a** Did the organization have local chapters, branches, or affiliates? **10a** No
- b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? **10b**
- 11a** Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **11a** Yes
- b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Yes
- 12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 **12b** Yes
- b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **12c** Yes
- c** Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done **13** Yes
- 14** Did the organization have a written whistleblower policy? **14** Yes
- 15** Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
- a** The organization's CEO, Executive Director, or top management official **15a** No
- 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)
- 16a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? **16a** No
- 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 ContractorsCheck 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) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or director	Indi- vidual trustee	In- stitutional Trustee	Offi- cer	Key employee			
(1) DARBRA ADAIR BOARD MEMBER	1 00	X					0	0	0
(2) ELENA AZZARELLI BOARD MEMBER	1 00	X					0	0	0
(3) SUMESH CHANDRA MD BOARD MEMBER	1 00	X					0	0	0
(4) ANGIE FERLITA BOARD MEMBER	1 00	X					0	0	0
(5) ROGER JOYCE BOARD MEMBER	1 00	X					0	0	0
(6) JJ ZWIRN BOARD MEMBER	1 00	X					0	0	0
(7) STEVE LAY MD BOARD MEMBER	1 00	X					0	0	0
(8) MARILYN MCPHAIL BOARD MEMBER	1 00	X					0	0	0
(9) FRED MEYER BOARD MEMBER	1 00	X					0	0	0
(10) JULIE MOORE BOARD MEMBER	1 00	X					0	0	0
(11) DINA SIERRA SMITH BOARD MEMBER	1 00	X					0	0	0
(12) KURT STONESIFER MD CHAIR	1 00	X		X			0	0	0
(13) TODD TAYLOR BOARD MEMBER	1 00	X					0	0	0
(14) GARY WILLIAMS BOARD MEMBER	1 00	X					0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key Employee	Highest Compensated Employee	Former			
(15) ERICA PARADISE	1 00	X						0	0	0
BOARD MEMBER										
(16) DAN AUSTIN	1 00	X						0	0	0
BOARD MEMBER										
(17) CHAD LUND	1 00	X						0	0	0
BOARD MEMBER										
(18) MICHAEL RAINY	1 00	X						0	0	0
BOARD MEMBER										
(19) JOHN NEGLEY	1 00	X						0	0	0
EX OFFICIO M										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a _____			
	b Membership dues	1b _____			
	c Fundraising events	1c _____	112,569		
	d Related organizations	1d _____			
	e Government grants (contributions)	1e _____			
	f All other contributions, gifts, grants, and similar amounts not included above	1f _____	287,199		
	g Noncash contributions included in lines 1a-1f \$ _____				
	h Total. Add lines 1a-1f		399,768		
Program Service Revenue	2a _____	Business Code			
	b _____				
	c _____				
	d _____				
	e _____				
	f All other program service revenue				
	g Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest, and other similar amounts)		1,374,664		1,374,664
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents	(i) Real	(ii) Personal			
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)					
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) 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 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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	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 Total functional expenses. Add lines 1 through 24e	52,432	20,907	31,324	201
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	323,812	1 33,443
	2 Savings and temporary cash investments	839,446	2 184,340
	3 Pledges and grants receivable, net	839,446	3 184,340
	4 Accounts receivable, net	839,446	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	839,446	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	839,446	6
	7 Notes and loans receivable, net	839,446	7
	8 Inventories for sale or use	839,446	8
	9 Prepaid expenses and deferred charges	839,446	9
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	839,446	10a 61,002
	b Less accumulated depreciation	839,446	10b 60,194
	11 Investments—publicly traded securities	839,446	11 27,608,615
	12 Investments—other securities See Part IV, line 11	839,446	12
	13 Investments—program-related See Part IV, line 11	839,446	13
	14 Intangible assets	839,446	14
	15 Other assets See Part IV, line 11	839,446	15 84,402
	16 Total assets. Add lines 1 through 15 (must equal line 34)	839,446	16 27,911,608
Liabilities	17 Accounts payable and accrued expenses	839,446	17
	18 Grants payable	839,446	18
	19 Deferred revenue	839,446	19
	20 Tax-exempt bond liabilities	839,446	20
	21 Escrow or custodial account liability Complete Part IV of Schedule D	839,446	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	839,446	22
	23 Secured mortgages and notes payable to unrelated third parties	839,446	23
	24 Unsecured notes and loans payable to unrelated third parties	839,446	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	839,446	25 866,364
	26 Total liabilities. Add lines 17 through 25	839,446	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	465,025	30
	31 Paid-in or capital surplus, or land, building or equipment fund	465,025	31
	32 Retained earnings, endowment, accumulated income, or other funds	465,025	32
	33 Total net assets or fund balances	465,025	33 27,045,244
	34 Total liabilities and net assets/fund balances	465,025	34 27,911,608

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

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

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

1 Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both

Separate basis Consolidated basis Both consolidated and separate basis

2b Were the organization's financial statements audited by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both

Separate basis Consolidated basis Both consolidated and separate basis

2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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

	Yes	No
2a		No
2b		No
2c		
3a		No
3b		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)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 (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** ►

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

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

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

	Yes	No
1	Yes	
2		No

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?

If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)

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

3a		No
3b		
3c		

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

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

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

4a		No
4b		

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

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

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
5b		
5c		

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

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

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

6		No
7		

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		

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		

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

9a		No
9b		

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

9b		No
9c		

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

9c		No
10a		

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

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

10a		No
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
11b		

b A family member of a person described in (a) above?

11b		No
11c		

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**

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

	Yes	No
1	Yes	
2		No

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s)
- 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

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

- a The organization satisfied the Activities Test. Complete **line 2** below
- b The organization is the parent of each of its supported organizations. Complete **line 3** below
- c 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.

- 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? 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

	Yes	No
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? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement

	Yes	No
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**
- 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

	Yes	No
3a		
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

- 1** Net short-term capital gain
2 Recoveries of prior-year distributions
3 Other gross income (see instructions)
4 Add lines 1 through 3
5 Depreciation and depletion
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)
7 Other expenses (see instructions)
8 **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

Section B - Minimum Asset Amount

- 1** Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
a Average monthly value of securities
b Average monthly cash balances
c Fair market value of other non-exempt-use assets
d **Total** (add lines 1a, 1b, and 1c)
e **Discount** claimed for blockage or other factors (explain in detail in Part VI) _____
2 Acquisition indebtedness applicable to non-exempt use assets
3 Subtract line 2 from line 1d
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)
5 Net value of non-exempt-use assets (subtract line 4 from line 3)
6 Multiply line 5 by 035
7 Recoveries of prior-year distributions
8 **Minimum Asset Amount** (add line 7 to line 6)

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

Section C - Distributable Amount

- 1** Adjusted net income for prior year (from Section A, line 8, Column A)
2 Enter 85% of line 1
3 Minimum asset amount for prior year (from Section B, line 8, Column A)
4 Enter greater of line 2 or line 3
5 Income tax imposed in prior year
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

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

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

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

2015

Open to Public
Inspection**SCHEDULE D**
(Form 990)**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.Department of the
Treasury
Internal Revenue ServiceName of the organization
UNIVERSITY COMMUNITY HOSPITAL
FOUNDATION INC

Employer identification number

59-2554889

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

Complete if the organization answered "Yes" 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? Yes No6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

- Preservation of land for public use (e.g., recreation or education)
 Protection of natural habitat
 Preservation of open space
- Preservation of an historically important land area
 Preservation of a certified historic structure

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

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

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► _____7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$ _____8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" 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 <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange programs |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other |
| c <input type="checkbox"/> Preservation for future generations | |

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

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

3a(i)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3a(ii)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3b

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land					
b Buildings					
c Leasehold improvements					
d Equipment					
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 VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.

See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		

Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ►**Part VIII Investments—Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value

Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ►**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value

Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ►**Part X Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value	
Federal income taxes		
DUE TO AFFILIATE	810,144	
CHARITABLE GIFT ANNUITY OBLIGATIONS	56,220	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ► 866,3642. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

2015

Open to Public
InspectionSCHEDULE G
(Form 990 or 990-EZ)Supplemental Information Regarding
Fundraising or Gaming ActivitiesComplete 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/form990Department of the Treasury
Internal Revenue ServiceName 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 <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

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

	(a)Event #1 ANNUAL GOLF TOU (event type)	(b)Event #2 (event type)	(c)Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue				
1 Gross receipts	143,400			143,400
2 Less Contributions	112,569			112,569
3 Gross income (line 1 minus 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.

	(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ►				
8 Net gaming income summary Subtract line 7 from line 1, column (d) ►				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states?

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
- | | |
|-----|---|
| 13a | % |
| 13b | % |
- a** The organization's facility
- b** An outside facility
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c** If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer

Employee

Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law 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

Schedule I (Form 990)

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

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

► Attach to Form 990.

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

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

Name of the organization

UNIVERSITY COMMUNITY HOSPITAL
FOUNDATION INC

Employer identification number

59-2554889

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

Yes No

No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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.

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 COMMUNITY HOSPITAL, INC THEN FINALIZE AND VOTE TO APPROVE THE TRUSTEES

990 Schedule O, Supplemental Information

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

Related Organizations and Unrelated Partnerships

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

► **Attach to Form 990.**

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

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNIVERSITY COMMUNITY HOSPITAL
FOUNDATION INC

Employer identification number

59-2554889

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

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

Part VII Supplemental Information

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

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

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

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

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
						Yes
PARAGON HLTH CARE PROPERTIES INC 950 HIGHPOINT DRIVE HOPKINSVILLE, KY 42240 51-0605686	LEASE TO R	GA	501C3	PF	SUNBELT HL	No
PASCO-PINELLAS HILLSBOROUGH COMMUNI 2600 BRUCE B DOWNS BLVD WESLEY CHAPEL, FL 33544 20-8488713	OPERATION	FL	501C3	3	ADVENTIST	No
PORTERCARE ADVENTIST HLTH SYSTEM (2525 S DOWNING STREET DENVER, CO 80210 84-0438224	OPERATION	CO	501C3	3	ADVENTIST	No
PRINCETON HLTH & REHAB CENTER INC 1333 WEST MAIN PRINCETON, KY 42445 20-5782272	OPERATION	KY	501C3	9	SUNBELT HL	No
PRINCETON PROFESSIONAL SERVICES IN 601 E ROLLINS STREET ORLANDO, FL 32803 59-1191045	PROVISION	FL	501C3	9	ADVENTIST	No
QUALITY CIRCLE FOR HLTHCARE INC 900 HOPE WAY ALTAMONTE SPRINGS, FL 32714 26-3789368	HLTHCARE Q	FL	501C3	11A	ADVENTIST	No
RESOURCE PERSONNEL INC 602 COURTLAND STREET STE 200 ORLANDO, FL 32804 20-8040875	PROVIDE AD	FL	501C3	PF	SUNBELT HL	No
ROCKY MOUNTAIN ADVENTIST HLTHCARE F 2525 SOUTH DOWNING STREET DENVER, CO 80210 84-0745018	FUND-RAISI	CO	501C3	7	NA	No
ROLLINS BROOK COMMUNITY CARE CORP 2201 S CLEAR CREEK ROAD KILLEEN, TX 76549 46-1656773	INACTIVE	TX	501C3	11A	ADVENTIST	No
RUSSELLVILLE HLTH CARE PROPERTIES 683 EAST THIRD STREET RUSSELLVILLE, KY 42276 51-0605691	LEASE TO R	GA	501C3	PF	SUNBELT HL	No
SAN MARCOS HLTH CARE PROPERTIES IN 1900 MEDICAL PARKWAY SAN MARCOS, TX 78666 51-0605693	LEASE TO R	GA	501C3	PF	SUNBELT HL	No
SAN MARCOS NURSING & REHAB CENTER 1900 MEDICAL PARKWAY SAN MARCOS, TX 78666 20-5782224	OPERATION	TX	501C3	9	SUNBELT HL	No
SHAWNEE MISSION HLTH CARE INC 6501 WEST 75TH STREET OVERLAND PARK, KS 66204 48-0952508	LEASE TO R	KS	501C3	PF	SUNBELT HL	No
SHAWNEE MISSION MEDICAL CENTER INC 9100 W 74TH STREET SHAWNEE MISSION, KS 66204 48-0637331	OPERATION	KS	501C3	3	ADVENTIST	No
WEST FLORIDA HEALTH HOME CARE INC PO BOX 1289 TAMPA, FL 33601 59-3686109	OPERATING	GA	501C3	PF	ADVENTIST	No
SOUTH CENTRAL INC 900 HOPE WAY ALTAMONTE SPRINGS, FL 32714 59-3689740	MANAGEMENT	GA	501C3	PF	NA	No
SOUTH PASCO HLTH CARE PROPERTIES I 38250 A AVENUE ZEPHYRHILLS, FL 33542 51-0605679	LEASE TO R	GA	501C3	PF	SUNBELT HL	No
SOUTHWEST VOLUSIA HLTH SERVICES IN 1055 SAXON BLVD ORANGE CITY, FL 32763 59-3281591	MEDICAL OF	FL	501C3	11A	SOUTHWEST	No
SOUTHWEST VOLUSIA HLTHCARE CORP 1055 SAXON BLVD ORANGE CITY, FL 32763 59-3149293	OPERATION	FL	501C3	3	ADVENTIST	No
SPECIALTY PHYSICIANS OF CENTRAL TEX 1301 WONDER WORLD DRIVE SAN MARCOS, TX 78666 20-8814408	PHYSICIAN	TX	501C3	3	ADVENTIST	No

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?	(k) Percentage ownership
							Yes	No			
APPALACHIAN THERAPY SERVICES LLC 100 HOSPITAL DRIVE HENDERSONVILLE, NC 28792 20-2463851	THERAPY ST	NC	N/A					No		No	
CLEAR CREEK MOB LTD 2201 S CLEAR CREEK RD KILLEEN, TX 76549 74-2609195	REAL ESTAT	TX	N/A					No		No	
ENDOSCOPY CENTER AT PORTER LLC 1001 SOUTH PARK DRIVE LITTLETON, CO 80120 20-5855038	MEDICAL SE	CO	N/A					No		No	
FLORIDA HOSPITAL DMERT LLC 2450 MAITLAND CENTER PKWY STE 200 MAITLAND, FL 32751 20-2392253	MEDICAL EQ	FL	N/A					No		No	
FLORIDA HOSPITAL HOME INFUSION 2450 MAITLAND CENTER PKWY STE 200 MAITLAND, FL 32751 59-3142824	HOME INFUS	FL	N/A					No		No	
PAHSUSP SURGERY CENTERS LLC 15305 DALLAS PKWY STE 1600 LB 28 ADDISON, TX 75010 26-3057950	MEDICAL SE	CO	N/A					No		No	
SAN MARCOS MRI LP 1330 WONDER WORLD DR STE 202 SAN MARCOS, TX 78666 77-0597972	IMAGING &	TX	N/A					No		No	
SHAWNEE MISSION OPEN MRI LLC 9100 W 74TH STREET BOX 2923 SHAWNEE MISSION, KS 66201 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
ALTAMONTE MEDICAL PLAZA (1) CONDOMINIUM 601 EAST ROLLINS STREET ORLANDO, FL 32803 59-2855792	CONDO ASSO	FL	N/A						No
APOPKA MEDICAL PLAZA (1) CONDOMINIUM AS 601 EAST ROLLINS STREET ORLANDO, FL 32803 59-3000857	CONDO ASSO	FL	N/A						No
(2) CC MOB INC 2201 S CLEAR CREEK ROAD KILLEEN, TX 76549 74-2616875	REAL ESTAT	TX	N/A						No
(3) CENTRAL TEXAS MEDICAL ASSOCIATES 1301 WONDER WORLD DRIVE SAN MARCOS, TX 78666 74-2729873	PHYSICIAN	TX	N/A						No
(4) CENTRAL TEXAS PROVIDER'S NETWORK 1301 WONDER WORLD DRIVE SAN MARCOS, TX 78666 74-2827652	PHYSICIAN	TX	N/A						No
(5) FLORIDA HOSPITAL FLAGLER MEDICAL OF 60 MEMORIAL MEDICAL PARKWAY PALM COAST, FL 32164 26-2158309	CONDO ASSO	FL	N/A						No
FLORIDA HOSPITAL HEALTHCARE (6) SYSTEM 602 COURTLAND STREET ORLANDO, FL 32804 59-3215680	PHO/TPA-FL	FL	N/A						No
FLORIDA MEDICAL PLAZA CONDO (7) ASSOCIA 601 EAST ROLLINS STREET ORLANDO, FL 32803 59-2855791	CONDO ASSO	FL	N/A						No
(8) FLORIDA MEMORIAL HEALTH NETWORK IN 770 W GRANADA BLVD STE 317 ORMOND BEACH, FL 32174 59-3403558	PHYSICIAN	FL	N/A						No
(9) HUGULEY ALLIANCE FOUNDATION 11801 SOUTH FREEWAY FORT WORTH, TX 76115 75-2642209	INACTIVE-T	TX	N/A						No
(10) KISSIMMEE MULTISPECIALTY CLINIC CON 201 HILDA STREET SUITE 30 KISSIMMEE, FL 34741 59-3539564	CONDO ASSO	FL	N/A						No
(11) MIDWEST MANAGEMENT SERVICES INC 9100 WEST 74TH STREET SHAWNEE MISSION, KS 66204 48-0901551	REAL ESTAT	KS	N/A						No
(12) NORTH AMERICAN HEALTH SERVICES INC 111 N ORLANDO AVENUE WINTER PARK, FL 32789 62-1041820	LESSOR/HOL	FL	N/A						No
ORMOND PROFESSIONAL CONDO (13) ASSOCIATI 770 W GRANADA BLVD STE 101 ORMOND BEACH, FL 32174 59-2694434	CONDO ASSO	FL	N/A						No
PARK RIDGE PROPERTY OWNER'S (14) ASSOCIA 1 PARK PLACE NAPLES ROAD FLETCHER, NC 28732 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(16) PORTER AFFILIATED HLTH SERVICES IN 2525 S DOWNING STREET DENVER, CO 80210 84-0956175	HEALTHCARE	CO	N/A						No
(1) SAN MARCOS REGIONAL MRI INC 1301 WONDER WORLD DRIVE SAN MARCOS, TX 78666 77-0597968	HOLDING CO	TX	N/A						No
(2) THE GARDEN RETIREMENT COMMUNITY IN 602 COURTLAND STREET STE 200 ORLANDO, FL 32804 59-3414055	REAL ESTAT	FL	N/A						No
WINTER PARK MEDICAL OFFICE (3) BUILDING 200 LAKEMONT AVE WINTER PARK, FL 32792 45-2228478	PHYSICIAN	FL	N/A						No