J					
* * * * * * * * * * * * * * * * * * *		2	93930	546	00147 9
Form 990-T Exempt Organization B			ax Retur	n	OMB No 1545-0687
a (and proxy tax u			n 20 20		2017
For calendar year 2017 or other tax year beginning OCT			·····	 	2017
Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it			1 77 /	$M \mid S$	Open to Public Inspection for 601(c)(3) Organizations Only
A Check box if Name of organization (Check box if nar			200110 \$ 000000	Emplo	yer identification number
address changed SARASOTA MEMORIAL HE.	-		TON.		oyees' trust, see ctions)
B Exempt under section Print INC.				5	1-0188568
X 501(c) 3) or Number, street, and room or suite no. If a P.O.	. box, see i	nstructions		E Unrela	ited business activity codes
408(e) 220(e) Type 1515 SO OSPREY AVE,				(566 !!	istructions)
408A 530(a) City or town, state or province, country, and Z				1	
529(a) SARASOTA, FL 34239		~~-~-		523	000
C Book value of all assets at end of year F Group exemption number (See instructions					
49,991,121. G Check organization type ► X 501(c)				a) trust	Other trust
H Describe the organization's primary unrelated business activity > INVES			RSHIPS		
During the tax year, was the corporation a subsidiary in an affiliated group or a p	arent-subs	sidiary controlled group?	>	Ye	s X No
If "Yes," enter the name and identifying number of the parent corporation				<u> </u>	045 4006
J The books are in care of ► PRISCILLA R. MITCHELL Part I Unrelated Trade or Business Income			one number		
	<u> </u>	(A) Income	(B) Expense	s	(C) Net
1 a Gross receipts or sales b Less returns and allowances c Balance					
b Less returns and allowances c Balance	1c 2				
3 Gross profit Subtract line 2 from line 1c	3				<u> </u>
4 a Capital gain net income (attach Schedule D)	4a				
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
c Capital loss deduction for trusts	4c				· ·
5 Income (loss) from partnerships and S corporations (attach statement)	5	4,653.			4,653.
6 Rent income (Schedule C)	6	= 1 + 4 + 4	-		
7 Junrelated debt-financed income (Schedule E)	7				
8 Anterest, annuities, royalties, and rents from controlled organizations (Sch. F)	8				
9 Finvestment income of a section 501(c)(7), (9), or (17) organization (Schedule					
10 Exploited exempt activity income (Schedule I)	10				-
11 _Advertising income (Schedule J)	11				
12 Dither income (See instructions, attach schedule)	12				
13 Total. Combine lines 3 through 12	13	4,653.			4,653.
Part II Deductions Not Taken Elsewhere (See instruction					
(Except for contributions, deductions must be directly conne	cted with	the unrelated business	s income)	,	***
14 Compensation of officers, directors, and trustees (Schedule K)				14	7-17-11
15 Salaries and wages				15	
16 Repairs and maintenance				16	
17 Bad debts				17	
18 Interest (attach schedule)				18	
19 Taxes and licenses				19	
Charitable contributions (See instructions for limitation rules)		1 - 1		20	
Depreciation (attach Form 4562)		21		ا ا	
Less depreciation claimed on Schedule A and elsewhere on return		22a		22b	
23 Depletion		RECEIV	ED	23	
Contributions to deferred compensation plans				24	
25 Employee benefit programs		9 FEB 07 2	18	25	
26 Excess exempt expenses (Schedule I)	j	흥 FEB 07 2	88-08 88-08(26	
27 Excess readership costs (Schedule J) 28 Other deductions (attach cabadula)	- 1		_ &	27	
Other deductions (attach schedule) Total deductions Add lines 14 through 28	L	OGDEN,		28	
· · · · · · · · · · · · · · · · · · ·			<u>~</u>	29	0.
	uract line 2	9 irom iinė 13		30	4,653.
, , , , , , , , , , , , , , , , , , , ,) (. 20		31	4 650
		: ა∪		32	4,653.
(a straight for the straight of the straight		then has 00 and 16 at	nallan at A . A	33	1,000.
34 Unrelated business taxable income Subtract line 33 from line 32 If line 33 line 32	is greater	man line 32, enter the sm	ialier of zero dr		2 (5)
			10	34	3,653.
723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions				\bigcirc	Form 990-T (2017)

Form 990-T	(2017) INC.	51-01	.88568	Page 2
Part II	I Ta⊳ Computation			
35	Grganizations Taxable as Corporations See instructions for tax computation			
	Controlled group members (sections 1561 and 1563) check here See instructions and			
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order).			
•	(1) \[\\$ \\ \] (2) \[\\$ \\ \] (3) \[\\$			
h	Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$			
·	(2) Additional 3% tax (not more than \$100,000)		1 1	
•	Income tax on the amount on line 34 SEE STATEMENT 2		35c	712.
	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 34 from		330	/ 1 4 •
30	Tax rate schedule or Schedule D (Form 1041)		. 26	
37	Proxy tax See instructions		36	
38	Alternative minimum tax		38	
				
	Tax on Non-Compliant Facility Income See Instructions	Щ	L 39	710
	Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies / Tax and Payments		7 1 40 1	712.
				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) Other credits (see instructions)			
	1 - L L 1			
C	- 		-	
	· · · · · · · · · · · · · · · · · · ·		- 1.	
	Total credits Add lines 41a through 41d		41,é	
	Subtract line 41e from line 40		42	712.
		attach schedule	C 43	
	Total tax Add lines 42 and 43	4	G 44	712.
	Payments A 2016 overpayment credited to 2017		<i>□'''</i>	
	2017 estimated tax payments		-	
	Tax deposited with Form 8868		_	
	Foreign organizations. Tax paid or withheld at source (see instructions)	-	_	
	Backup withholding (see instructions)		_	
	Credit for small employer health insurance premiums (Attach Form 8941)		_	
g	Other credits and payments: Form 2439			
	Form 4136 Other Total > 45g	.	┩。 ┃	
	Total payments Add lines 45a through 45g		46	
	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔙	9		20.
	Tax due If line 46 is less than the total of lines 44 and 47, enter amount owed	Þ	2148	732.
	Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	Ď	49	
		funded 🕨	- '50	
Part V	Statements Regarding Certain Activities and Other Information (see Instru		· · · · · · · · · · · · · · · · · · ·	
	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authori			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country			
	nere >			_ <u> </u>
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	eign trust?		X
	If YES, see instructions for other forms the organization may have to file			
53	Enter the amount of tax-exempt interest received or accrued during the tax year > \$			
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled	he best of my kr lae	nowledge and belie	f, it is true,
Here	Ou as the With the SENIOR VICE		May the IRS discu	ss this return with
11616	PRESIDENT & CF		the preparer shows	
	Signature of officer Date Title		instructions)?	Yes No
	Print/Type preparer's name Preparer's signature Date	Check	if PTIN	
Paid		self- employe	d	
Prepa	er REBECCA U. STONER KILLIAN Stone Challes		P005	85910
Use O	nly Firm's name ► KERKERING, BARBERIO & CO.	Firm's EIN		753337
	P.O. BOX 49348			
	Firm's address ► SARASOTA, FL 34230-6348	Phone no	941-365	-4617
			Forr	n 990-T (2017)

723711 01-22-18

Form 990-T (2017)

Schedule A - Cost of Goods	Sold Fater	math ad af ious							
	1	metriod of inver		Inventory at end of yea			6		
 Inventory at beginning of year Purchases 	2			Cost of goods sold Su		100 6	- 0		
3 Cost of labor	3		_	from line 5. Enter here		1			
4 a Additional section 263A costs		•		line 2	anu mi	arri,	7		
(attach schedule)	4a			Do the rules of section	2634 (with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a		•			
5 Total Add lines 1 through 4b	5			the organization?	oquii oc	To result, apply to			
Schedule C - Rent Income (Property an			Leas	ed With Real Pro	pert	v)	·
(see instructions)									
1 Description of property									
(1)									
(2)						 			
(3)	· ·						-	·	
(4)									
	2 Rent receiv	ed or accrued			•				
(a) From personal property (if the perconet for personal property is more 10% but not more than 50%)	entage of than	of rent for	personal p	nal property (if the percenta roperty exceeds 50% or if d on profit or income)	age	3(a) Deductions directly columns 2(a) ar		cted with the income attach schedule)	ın
(1)									
(2)							-		
(3)									
(4)									-
Total	0.	Total			0.			•	
(c) Total income Add totals of columns 2		ter				(b) Total deductions			
here and on page 1, Part I, line 6, column	(A)	>			0.	Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Deb	t-Financed	I Income (see	e instruc	tions)					
						3 Deductions directly con			
1				Gross income from or allocable to debt-	(2)	to debt-finance	ea pro	(b) Other deduction	
1 Description of debt-fina	anced property			financed property	(4)	(attach schedule)		(attach schedule)	15
(1)			-						
(2)			 				+		
(3)			+				1		
(4)	· ·								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(8 Allocable deduct column 6 x total of cc 3(a) and 3(b))	
(1)	<u>_</u>			%					
(2)				%					
(3)			_	%					
(4)				%	•				
1				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		nter here and on page 1, Part I line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals						0	1		0.
Total dividends-received deductions inc	luded in column	18		-		<u> </u>			0.

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Form 990-T (2017) INC.						· · ·	<u> </u>	51-01	<u>8856</u>	8 Page 4
Schedule F - Interest,	Annuities, F	loyalties,	. ,				zation	S (see ins	truction	s)
•			Exempt	Controlled O	rganizatio	ons	т		1	
1 Name of controlled organiza	ation	2 Employer identification number		related income e instructions)		d of specified lents made	5 Part of column 4 that is included in the controlling organization's gross income		rolling	6 Deductions directly connected with income in column 5
(1)				<u> </u>			-			
(1)							 			
(2)						-	 			
(3)		· ·	-				 			
(4)	uzationa						<u> </u>			
Nonexempt Controlled Organ	T									
7 Taxable Income	8 Net unrelate (see inst	d income (loss) ructions)	9 Total	of specified pays made	ments	10 Part of column the controll gross				ductions directly connected income in column 10
(1)										·
(2)						•				
(3)										
			-	-						
_(4)	<u> </u>					Add colum Enter here and	on page	1 Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I,
						line 8, d	column (A	N)		line 8, column (B)
Totals					>			0.		0.
Schedule G - Investme (see inst	ent Income (tructions)	of a Section	on 501(c)(7), (9), or	(17) Or	ganization	1			
1 Desc	cription of income			2 Amount of	income	3 Deduction directly connected (attach scheduler)	ected	4 Set-	asides chedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)	-11 - 7									
(2)										
(3)										
(4)						· ·				
		·		Enter here and Part I, line 9, co			,			Enter here and on page 1, Part I, line 9, column (B)
Totals					0.					0.
Schedule I - Exploited (see instr		tivity Inco	me, Othe	r Than Ad	lvertisii	ng Income	e			
1 Description of exploited activity	2 Gross unrelated busine income from trade or busine	ess directi with of	Expenses ly connected production unrelated ness income	4 Net incom from unrelated business (co minus colum gain, compute through	I trade or slumn 2 n 3) If a e cols 5	5 Gross inco from activity is is not unrelat business inco	that ted	6 Exp attribut colur	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)									-	
(3)							1			
(4)							+			
Totals	Enter here and page 1, Part I, line 10, col (A)	pag line	here and on ge 1, Part I, 10, col (B)		1					Enter here and on page 1, Part II line 26
Schedule J - Advertis	ing Income	0.	0.	<u> </u>						0.
Part I Income From	Periodicals	Reported	on a Con	solidated	Basis		. ,		-	· · · · · · · · · · · · · · · · · · ·
1 Name of periodical	2 G adver	tising	3 Direct dvertising costs	4 Advert or (loss) (co col 3) If a ga cols 5 th	of 2 minus ain, compute	5 Circulat		6 Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)				_						
(3)				\dashv						
(4)										
<u>\¬</u> /				 		1				
Totals (carry to Part II, line (5))	>	0.	0			<u></u>		· · · · · · ·		0.
										Form 990-T (2017)

%

%

%

%

▶

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by line basis) 4 Advertising gain or (loss) (col 2 minus 7 Excess readership costs (column 6 minus column 5, but not more 2 Gross 3 Direct 5 Circulation 6 Readership 1 Name of periodical advertising advertising costs col 3) If a gain, compute cols 5 through 7 costs income than column 4) (1) (2) (3) (4)0. 0. 0. Totals from Part I Enter here and on page 1, Part I, line 11, col (A) Enter here and on page 1, Part I, line 11, col (B) Enter here and on page 1, Part II, line 27 0. Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of 4 Compensation attributable time devoted to business 1 Name 2 Title to unrelated business

> 0. Form 990-T (2017)

(1)

(2)

(3)

(4)

Total Enter here and on page 1, Part II, line 14

FORM 990-T INCOME (LOSS)	FROM PARTNERS	SHIPS	STATEMENT	1
PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)	-
HAYFIN SOF II USD, LP	9,649.	4,996.	4,65	3.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	9,649.	4,996.	4,65	3.

FORM	990-T LINE 35C TAX COMPUTAT	CION		STATEMENT	2
1.	TAXABLE INCOME		3,653		
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT		3,653		
3.	LINE 1 LESS LINE 2		0		
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUN	T	0		
5.	LINE 3 LESS LINE 4		0		
6.	INCOME SUBJECT TO 34% TAX RATE		0		
7.	INCOME SUBJECT TO 35% TAX RATE		0		
8.	15 PERCENT OF LINE 2		548		
9.	25 PERCENT OF LINE 4		0		
10.	34 PERCENT OF LINE 6		0		
11.	35 PERCENT OF LINE 7		0		
12.	ADDITIONAL 5% SURTAX		0		
13.	ADDITIONAL 3% SURTAX		0		
14.	TOTAL INCOME TAX			!	548
			=		
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/20	17	767		
		DAYS			
16. 17.	TAX PRORATED FOR NUMBER OF DAYS IN 2017 TAX PRORATED FOR NUMBER OF DAYS IN 2018	92 273	138 574		
18.	TOTAL TAX PRORATED	365			712