

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2018, and ending 09-30-2019

B Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
SARASOTA MEMORIAL HEALTHCARE FOUNDATION
INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
1515 SO OSPREY AVE NO B4

City or town, state or province, country, and ZIP or foreign postal code
SARASOTA, FL 34239

D Employer identification number
51-0188568

E Telephone number
(941) 917-1286

G Gross receipts \$ 26,345,615

F Name and address of principal officer
ROBERT PETTIT
1515 SO OSPREY AVE NO B4
SARASOTA, FL 34239

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW SMHF ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1976

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SARASOTA MEMORIAL HEALTHCARE FOUNDATION, INC IS AN INDEPENDENT CHARITABLE ORGANIZATION WORKING TOGETHER WITH SARASOTA MEMORIAL HEALTH CARE SYSTEM AND OTHERS TO ENSURE WORLD CLASS HEALTHCARE THROUGHOUT OUR COMMUNITY

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) | 24 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 24 |
| 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 15 |
| 6 Total number of volunteers (estimate if necessary) | 145 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 22,211 |
| 7b Net unrelated business taxable income from Form 990-T, line 34 | 18,763 |

| | Prior Year | Current Year |
|---|---------------------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 10,074,172 | 14,336,477 |
| 9 Program service revenue (Part VIII, line 2g) | 0 | 0 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 2,515,236 | 2,045,658 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -48,731 | -64,933 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 12,540,677 | 16,317,202 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 5,480,100 | 5,279,946 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 1,735,521 | 1,848,820 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 180,931 | 146,153 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,782,782 | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 997,526 | 1,019,718 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 8,394,078 | 8,294,637 |
| 19 Revenue less expenses Subtract line 18 from line 12 | 4,146,599 | 8,022,565 |
| | Beginning of Current Year | End of Year |
| 20 Total assets (Part X, line 16) | 49,991,121 | 56,851,119 |
| 21 Total liabilities (Part X, line 26) | 9,846,128 | 8,832,039 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 40,144,993 | 48,019,080 |

Part II Signature Block

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

Sign Here

Signature of officer: ***** Date: 2020-07-28

ROBERT PETTIT VP FINANCE & OPERATIONS
Type or print name and title

Paid Preparer Use Only

| | | | | |
|---|----------------------|------|---|----------------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN P00585910 |
| Firm's name ▶ KERKERING BARBERIO & CO | | | Firm's EIN ▶ 59-1753337 | |
| Firm's address ▶ PO BOX 49348 SARASOTA, FL 342306348 | | | Phone no (941) 365-4617 | |

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

SARASOTA MEMORIAL HEALTHCARE FOUNDATION, INC IS AN INDEPENDENT CHARITABLE ORGANIZATION WORKING TOGETHER WITH SARASOTA MEMORIAL HEALTH CARE SYSTEM AND OTHERS TO ENSURE WORLD CLASS HEALTHCARE THROUGHOUT OUR COMMUNITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 1,038,681 including grants of \$ 1,038,681) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 3,377,672 including grants of \$ 3,377,672) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 863,593 including grants of \$ 863,593) (Revenue \$)
See Additional Data

(Code) (Expenses \$ 62,908 including grants of \$ 0) (Revenue \$)
EDUCATIONAL PUBLICATION AND SYMPOSIA FOR THE DISSEMINATION OF HEALTH CARE NEWS AND INFORMATION TO MEDICAL PROFESSIONALS AND THE COMMUNITY, INCLUDING A PUBLICATION WITH CIRCULATION OF 50,000 ISSUED THREE TIMES PER YEAR

4d Other program services (Describe in Schedule O)
(Expenses \$ 62,908 including grants of \$ 0) (Revenue \$)

4e Total program service expenses ▶ 5,342,854

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

| | | Yes | 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? <i>If "Yes," complete Schedule J</i> | 23 Yes | |
| 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | 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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> | | 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? <i>If "Yes," complete Schedule L, Part III</i> | | 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? <i>If "Yes," complete Schedule L, Part IV</i> | | 28a No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | 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? <i>If "Yes," complete Schedule L, Part IV</i> | | 28c No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | 30 No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | 31 No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | 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? <i>If "Yes," complete Schedule R, Part I</i> | | 33 No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | | 34 No |
| 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | 35b |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | 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? <i>If "Yes," complete Schedule R, Part VI</i> | | 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 21 | |
| 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 Yes | |

| | | | | | |
|--|--|------------|----|-----|----|
| 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 | 15 | | |
| 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 | | Yes | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | 3a | | Yes | |
| b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> | | 3b | | Yes | |
| 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). | | | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | 7a | | Yes | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | | Yes | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | 7c | | | No |
| d If "Yes," indicate the number of Forms 8282 filed during the year | | 7d | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | 7e | | | No |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | 7f | | | No |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | 7g | | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | 7h | | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | 8 | | | |
| 9a Did the sponsoring organization make any taxable distributions under section 4966? | | 9a | | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | 9b | | | |
| 10 Section 501(c)(7) organizations. Enter | | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | | 10a | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | 10b | | | |
| 11 Section 501(c)(12) organizations. Enter | | | | | |
| a Gross income from members or shareholders | | 11a | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | 11b | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | 12a | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | 12b | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | | 13a | | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | 13b | | | |
| c Enter the amount of reserves on hand | | 13c | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | | | No |
| b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> | | 14b | | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N | | 15 | | | No |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O | | 16 | | | No |

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

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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; 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.

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 | 1,699,943 | | |
| | d Related organizations | 1d | | | |
| | e Government grants (contributions) | 1e | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 12,636,534 | | |
| | g Noncash contributions included in lines 1a - 1f \$ _____ | | 766,708 | | |
| | h Total. Add lines 1a-1f | | 14,336,477 | | |

| Program Service Revenue | Business Code | | | | |
|--|---------------|--|--|--|--|
| | | | | | |
| 2a _____ | | | | | |
| b _____ | | | | | |
| c _____ | | | | | |
| d _____ | | | | | |
| e _____ | | | | | |
| f All other program service revenue | | | | | |
| 9 Total. Add lines 2a-2f | | | | | |

| | | | | | | |
|--|---|----------------|---------------|----------|---------|-----------|
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 1,211,018 | | | 1,211,018 |
| | 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) | | | 834,640 | | 834,640 |
| | 8a Gross income from fundraising events (not including \$ 1,699,943 of contributions reported on line 1c) See Part IV, line 18 | a | 532,469 | | | |
| | b Less direct expenses | b | 734,850 | | | |
| | c Net income or (loss) from fundraising events | | | -202,381 | | -202,381 |
| | 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 PARTNERSHIP K-1 | | 900099 | 133,561 | 22,211 | 111,350 | |
| b OTHER INCOME | | 900099 | 3,887 | | 3,887 | |
| c _____ | | | | | | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | | 137,448 | | | |
| 12 Total revenue. See Instructions | | | 16,317,202 | 0 | 22,211 | 1,958,514 |

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 | 5,279,946 | 5,279,946 | | |
| 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, line 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 504,425 | | 203,667 | 300,758 |
| 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 | 1,115,948 | | 371,142 | 744,806 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 7,317 | | 68 | 7,249 |
| 9 Other employee benefits | 127,816 | | 49,611 | 78,205 |
| 10 Payroll taxes | 93,314 | | 36,392 | 56,922 |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | 33,026 | | 33,026 | |
| c Accounting | 23,775 | | 23,775 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 146,153 | | | 146,153 |
| f Investment management fees | 23,405 | | 23,405 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | | | | |
| 12 Advertising and promotion | 187,797 | | | 187,797 |
| 13 Office expenses | 138,111 | | 35,557 | 102,554 |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 49,628 | | 24,814 | 24,814 |
| 17 Travel | 6,301 | | 1,260 | 5,041 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 5,618 | | 5,618 | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 52,120 | | 17,200 | 34,920 |
| 23 Insurance | 16,423 | | 16,423 | |
| 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 FEDERAL TAX PAYMENTS | 732 | | 732 | |
| b PURCHASED SERVICES | 348,089 | | 280,240 | 67,849 |
| c EDUCATIONAL PUBLICATION | 62,908 | 62,908 | | |
| d MAINTENANCE | 42,857 | | 17,143 | 25,714 |
| e All other expenses | 28,928 | | 28,928 | |
| 25 Total functional expenses. Add lines 1 through 24e | 8,294,637 | 5,342,854 | 1,169,001 | 1,782,782 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 75 | 1 | 75 |
| | 2 Savings and temporary cash investments | 4,101,375 | 2 | 6,101,628 |
| | 3 Pledges and grants receivable, net | 6,993,961 | 3 | 6,375,836 |
| | 4 Accounts receivable, net | 2,615 | 4 | 2,778 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 294,146 | 9 | 215,369 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 861,624 | | |
| | b Less accumulated depreciation | 10b 727,550 | 156,443 | 10c 134,074 |
| | 11 Investments—publicly traded securities | 34,877,596 | 11 | 37,352,204 |
| | 12 Investments—other securities See Part IV, line 11 | | 12 | |
| | 13 Investments—program-related See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets See Part IV, line 11 | 3,564,910 | 15 | 6,669,155 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 49,991,121 | 16 | 56,851,119 | |
| Liabilities | 17 Accounts payable and accrued expenses | 41,600 | 17 | 159,960 |
| | 18 Grants payable | 9,664,771 | 18 | 8,545,059 |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D | 139,757 | 25 | 127,020 |
| | 26 Total liabilities. Add lines 17 through 25 | 9,846,128 | 26 | 8,832,039 |
| 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 | 14,961,150 | 27 | 13,202,516 |
| | 28 Temporarily restricted net assets | 16,443,172 | 28 | 25,974,769 |
| | 29 Permanently restricted net assets | 8,740,671 | 29 | 8,841,795 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 40,144,993 | 33 | 48,019,080 | |
| 34 Total liabilities and net assets/fund balances | 49,991,121 | 34 | 56,851,119 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|---|-----------|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 16,317,202 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 8,294,637 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 8,022,565 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 40,144,993 |
| 5 | Net unrealized gains (losses) on investments | 5 | -817,380 |
| 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 | 668,902 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 48,019,080 |

Part XII Financial Statements and Reporting

Check 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
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 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 | Yes | |
| 2c | Yes | |
| 3a | | No |
| 3b | | |

Additional Data

Software ID:

Software Version:

EIN: 51-0188568

Name: SARASOTA MEMORIAL HEALTHCARE FOUNDATION
INC

Form 990 (2018)

Form 990, Part III, Line 4a:

GRANTS TO SARASOTA COUNTY PUBLIC HOSPITAL BOARD, SARASOTA MEMORIAL HOSPITAL AND OTHER NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS IN SARASOTA COUNTY FOR RESEARCH, PATIENT CARE AND OTHER NEEDS WITH PROGRAMS THAT WILL IMPROVE EFFICIENCY, EFFECTIVENESS, PATIENT SAFETY, AVAILABILITY AND ADVOCACY OF HEALTH CARE IN AN ENVIRONMENT OF WELL BEING FOR OVER 993,000 INPATIENT AND OUTPATIENT/PHYSICIAN VISITS PER YEAR SARASOTA MEMORIAL HOSPITAL IS THE ONLY HOSPITAL IN FLORIDA TO CONSISTENTLY EARN THE HIGHEST 5-STAR RATING FROM THE FEDERAL CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) AND HAS RECEIVED 3 CONSECUTIVE "A" GRADES FOR PATIENT SAFETY BY THE LEAPFROG GROUP

Form 990, Part III, Line 4b:

GRANTS TO SARASOTA COUNTY PUBLIC HOSPITAL BOARD, SARASOTA MEMORIAL HOSPITAL FOR FACILITIES AND EQUIPMENT THAT WILL PROVIDE THE MOST ADVANCED, STATE OF THE ART TREATMENTS AND HIGHEST QUALITY OF CARE AND COMFORT FOR OVER 33,200 INPATIENTS, PLUS 3,519 BIRTHS AND 3,457 TRAUMA PATIENTS ANNUALLY IT IS RANKED #1 IN THE SUNCOAST AND "BEST HOSPITAL" IN THE SOUTH FLORIDA REGION FOR OVERALL CARE, BY U S NEWS & WORLD REPORT, AND IS ONE OF JUST 48 HOSPITALS TO RECEIVE THE TOP RATINGS IN ALL NINE PROCEDURES AND CONDITIONS U S NEWS EVALUATED IN ITS 2017-18 BEST HOSPITALS REPORT SARASOTA MEMORIAL HOSPITAL IS ONE OF BECKER'S HEALTHCARE REVIEW'S "AMERICA'S TOP 100 HOSPITALS IT IS ALSO RANKED AMONG THE 50 TOP CARDIOVASCULAR HOSPITALS FOR SUPERIOR HEART CARE BY TRUVEN HEALTH ANALYTICS

Form 990, Part III, Line 4c:

COUNTY PUBLIC HOSPITAL BOARD, SARASOTA MEMORIAL HOSPITAL FOR PROFESSIONAL AND COMMUNITY EDUCATION PROGRAMS REPRESENTING CONTINUING MEDICAL AND PROFESSIONAL EDUCATION, PROFESSIONAL CERTIFICATION AND ONGOING EDUCATIONAL PROGRAMS FOR OVER 900 PHYSICIANS, 5,700 NURSES, THERAPISTS AND OTHER EMPLOYEES AS WELL AS PATIENTS, THEIR FAMILIES AND THE PUBLIC SARASOTA MEMORIAL HOSPITAL IS THE ONLY HOSPITAL IN THE REGION TO EARN MAGNET NURSING SERVICES RECOGNITION, THE NATION'S HIGHEST HONOR FOR NURSING EXCELLENCE, AND WAS NAMED ONE OF 150 "GREAT PLACES TO WORK IN HEALTHCARE" BY BECKERS HEALTHCARE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (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 | | | |
| ROBERT G BARTNER TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| ARIANE M DART TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| JOHN H DEJONGH TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| RICHARD S JOHNSON TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| THOMAS F KELLY MD TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| LOUIS E LEVY TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| ROBERT P MARTIN TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| ALEX MILLER TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| JONATHAN E MITCHELL TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| JOEL MORGANROTH MD TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (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 | | | |
| LAURENCE R SASLAW TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| CHARLES R SAVIDGE III TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| JAMES L TAYLOR TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| MARGARET WISE TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| ROBERT L WOOD TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| PHILIP A DELANEY JR EXEC COMMITTEE MEMBER-AT-L | 5 00 | X | | | | | | 0 | 0 | 0 |
| DEBORAH KABINOFF EXEC COMMITTEE MEMBER-AT-L | 5 00 | X | | | | | | 0 | 0 | 0 |
| WILLIAM A STANFORD EXEC COMMITTEE MEMBER-AT-L | 5 00 | X | | | | | | 0 | 0 | 0 |
| MICHAEL J VALENTINO EXEC COMMITTEE MEMBER-AT-L | 5 00 | X | | | | | | 0 | 0 | 0 |
| MARY EVELYN GUYTON SECRETARY | 10 00 | X | | X | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (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 | | | |
| CHARLES W SHIVERY VICE CHAIR | 10 00 | X | | X | | | | 0 | 0 | 0 |
| WILLIAM E CHAPMAN II CHAIR | 10 00 | X | | X | | | | 0 | 0 | 0 |
| JIM D SYPRETT IMMEDIATE PAST CHAIR | 5 00 | X | | X | | | | 0 | 0 | 0 |
| RICHARD GERRITY TREASURER | 10 00 | X | | X | | | | 0 | 0 | 0 |
| PRISCILLA R MITCHELL SENIOR VICE PRESIDENT & CF | 50 00 | | | X | | | | 247,398 | 0 | 9,260 |
| G MASON AYRES PRESIDENT | 50 00 | | | X | | | | 252,105 | 0 | 27,448 |
| BOBBY PETTIT VP FINANCE & OPERATIONS | 50 00 | | | X | | | | 0 | 0 | 0 |
| DEBRA COLEMAN DIR OF DEVELOPMENT | 50 00 | | | | | X | | 158,477 | 0 | 8,760 |
| SALLY A SCHULE DIR OF COMMUNITY ENGAGEME | 50 00 | | | | | X | | 138,380 | 0 | 8,760 |
| PATRICK J MCQUILLAN DIR OF DEVELOPMENT | 50 00 | | | | | X | | 114,088 | 0 | 28,240 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (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 | | | |
| CRAIG A MORAN DIR OF DEVELOPMENT | 50 00 | | | | | X | | 148,301 | 0 | 8,760 |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

SARASOTA MEMORIAL HEALTHCARE FOUNDATION
INC

Employer identification number

51-0188568

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| Total | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|----------|---|-----------|-----------|-----------|------------|------------|------------|
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.") | 8,906,006 | 3,577,471 | 3,470,963 | 10,074,172 | 14,336,477 | 40,365,089 |
| 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 | 8,906,006 | 3,577,471 | 3,470,963 | 10,074,172 | 14,336,477 | 40,365,089 |
| 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) | | | | | | 10,855,789 |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 29,509,300 |

Section B. Total Support

| | Calendar year (or fiscal year beginning in) ▶ | (a)2014 | (b)2015 | (c)2016 | (d)2017 | (e)2018 | (f)Total |
|-----------|--|-----------|-----------|-----------|------------|------------|------------|
| 7 | Amounts from line 4 | 8,906,006 | 3,577,471 | 3,470,963 | 10,074,172 | 14,336,477 | 40,365,089 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1,160,279 | 709,781 | 447,294 | 723,178 | 1,211,018 | 4,251,550 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | 4,860 | 4,653 | 19,763 | 29,276 |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 91 | 1,576 | -504 | 24,138 | 115,238 | 140,539 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 44,786,454 |
| 12 | Gross receipts from related activities, etc (see instructions) | | | | | 12 | 2,094,109 |

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 2018 (line 6, column (f) divided by line 11, column (f)) | 14 | 65.890 % |
| 15 | Public support percentage for 2017 Schedule A, Part II, line 14 | 15 | 63.710 % |

16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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 10 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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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 2018 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | | |
|-----------|--|-----------|--|
| 17 | Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2018. 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—2017. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | | Yes | No |
|------------|---|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | | |
| | 1 | | |
| 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). | | |
| | 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 | | |
| 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. | | |
| | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | |
| | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. | | |
| | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | | |
| | 4b | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | | |
| | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | | |
| | 5a | | |
| 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? | | |
| | 5b | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| | 8 | | |
| 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 | | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | | |
| | 9b | | |
| c | Did a disqualified person (as defined in line 9a) 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 | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. | | |
| | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | | |
| | 10b | | |

Part IV Supporting Organizations (continued)

| | | Yes | No |
|-----------|---|-----|----|
| 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? | | |
| b | A family member of a person described in (a) above? | | |
| c | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i> | | |

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

Section E. Type III Functionally-Integrated Supporting Organizations

| | | | |
|----------|--|-----|----|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 | Activities Test Answer (a) and (b) below. | | |
| 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | Yes | No |
| 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 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? <i>Provide details in Part VI.</i> | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

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

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

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

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 2018 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-2018 | (iii) Distributable Amount for 2018 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2018 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | |
| a From 2013. | | | |
| b From 2014. | | | |
| c From 2015. | | | |
| d From 2016. | | | |
| e From 2017. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2018 distributable amount | | | |
| i Carryover from 2013 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2018 from Section D, line 7 \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2018 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 7 Excess distributions carryover to 2019. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a Excess from 2014. | | | |
| b Excess from 2015. | | | |
| c Excess from 2016. | | | |
| d Excess from 2017. | | | |
| e Excess from 2018. | | | |

Additional Data

Software ID:

Software Version:

EIN: 51-0188568

Name: SARASOTA MEMORIAL HEALTHCARE FOUNDATION
INC

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
SARASOTA MEMORIAL HEALTHCARE FOUNDATION
INC

Employer identification number
51-0188568

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? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Part II Conservation Easements. Complete if the organization answered "Yes" 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) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

| | Held at the End of the Year | |
|---|-----------------------------|--|
| a Total number of conservation easements | 2a | |
| b Total acreage restricted by conservation easements | 2b | |
| c Number of conservation easements on a certified historic structure included in (a) | 2c | |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d | |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other DECORATIVE
- 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
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 29,048,035 | 27,881,059 | 25,676,546 | 23,172,362 | 24,152,853 |
| b Contributions | 122,053 | 100,237 | 111,906 | 1,112,114 | 154,011 |
| c Net investment earnings, gains, and losses | 749,320 | 1,764,012 | 2,771,304 | 1,739,368 | -881,118 |
| d Grants or scholarships | 710,766 | 697,273 | 678,697 | 346,588 | 253,384 |
| e Other expenditures for facilities and programs | | | | 710 | |
| f Administrative expenses | | | | | |
| g End of year balance | 29,208,642 | 29,048,035 | 27,881,059 | 25,676,546 | 23,172,362 |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 57 430 %
 - b** Permanent endowment ▶ 30 270 %
 - c** Temporarily restricted endowment ▶ 12 300 %
- 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
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | Yes | |
| (ii) related organizations | | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on 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 | | 861,624 | 727,550 | 134,074 |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ | | | | 134,074 |

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 _____ | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | | |

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' 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 |
|--|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | | |

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

| (a) Description | (b) Book value |
|--|----------------|
| (1) ASSETS HELD IN CHARITABLE TRUSTS | 106,589 |
| (2) BEQUESTS RECEIVABLE | 5,285,359 |
| (3) BENEFICIAL INTEREST IN PERPETUAL TRUSTS | 911,415 |
| (4) CONTRIBUTIONS RECEIVABLE FROM CHARITABLE REMAINDER TRUSTS | 337,792 |
| (5) ASSETS HELD ON BEHALF OF SARASOTA MEMORIAL HEALTH CARE SYSTEM | 28,000 |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) | 6,669,155 |

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 |
|--|----------------|
| (1) Federal income taxes | |
| ANNUITIES PAYABLE | 41,139 |
| LIABILITY UNDER TRUST AGREEMENTS | 57,881 |
| ASSETS HELD ON BEHALF OF SARASOTA MEMORIAL HEALTH CARE SYSTEM | 28,000 |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | 127,020 |

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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 | 16,126,878 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains (losses) on investments | 2a | -817,380 |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | 859,169 |
| d | Other (Describe in Part XIII) | 2d | -75,147 |
| e | Add lines 2a through 2d | 2e | -33,358 |
| 3 | Subtract line 2e from line 1 | 3 | 16,160,236 |
| 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 | 23,405 |
| b | Other (Describe in Part XIII) | 4b | 133,561 |
| c | Add lines 4a and 4b | 4c | 156,966 |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | 5 | 16,317,202 |

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 | 8,252,791 |
| 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 | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 8,252,791 |
| 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 | 23,405 |
| b | Other (Describe in Part XIII) | 4b | 18,441 |
| c | Add lines 4a and 4b | 4c | 41,846 |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | 5 | 8,294,637 |

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 |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
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| | |

Part XIII Supplemental Information *(continued)*

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

Additional Data

Software ID:

Software Version:

EIN: 51-0188568

Name: SARASOTA MEMORIAL HEALTHCARE FOUNDATION
INC

Supplemental Information

| Return Reference | Explanation |
|-------------------|---|
| PART III, LINE 1A | THE ART COLLECTIONS, WHICH WERE ACQUIRED THROUGH CONTRIBUTIONS SINCE THE FOUNDATION'S INCEPTION, ARE NOT REFLECTED ON THE FINANCIAL STATEMENTS, WHICH IS IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA. THE FOUNDATION'S COLLECTIONS ARE MADE UP OF ART OBJECTS THAT ARE HELD FOR CURATORIAL PURPOSES. EACH OF THE ITEMS ARE CATALOGED, PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. NONE OF THE COLLECTION ITEMS WERE DEACCESSIONED DURING THE YEARS ENDED SEPTEMBER 30, 2019 OR 2018. |

Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| PART III, LINE 4 | THE ART COLLECTIONS, WHICH WERE ACQUIRED THROUGH CONTRIBUTIONS SINCE THE FOUNDATION'S INCEPTION, ARE NOT REFLECTED ON THE FINANCIAL STATEMENTS, WHICH IS IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA THE FOUNDATION'S COLLECTIONS ARE MADE UP OF ART OBJECTS THAT ARE HELD FOR CURATORIAL PURPOSES EACH OF THE ITEMS ARE CATALOGED, PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY NONE OF THE COLLECTION ITEMS WERE DEACCESSIONED IN 2019 OR 2018 |

Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| PART V, LINE 4 | THE INCOME FROM ENDOWMENT IS USED TO SUPPORT THE OPERATIONS AND PROGRAMS OF THE ORGANIZATION ACCORDING TO THE RESTRICTIONS DESCRIBED BY THE DONOR, OR THE BOARD OF TRUSTEES IN THE CASE OF BOARD DESIGNATED ENDOWMENTS |

Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| PART X, LINE 2 | UNDER THE INCOME TAXES TOPIC OF THE FASB ACCOUNTING STANDARDS CODIFICATION, THE FOUNDATION HAS REVIEWED AND EVALUATED THE RELEVANT TECHNICAL MERITS OF EACH OF ITS TAX POSITIONS IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AND DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS |

Supplemental Information

| Return Reference | Explanation |
|---|---|
| PART XI, LINE 2D - OTHER ADJUSTMENTS | UNREALIZED LOSS ON PERPETUAL TRUSTS -18,849 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT -56,298 |

Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|---|
| PART XI, LINE 4B - OTHER ADJUSTMENTS | INVESTMENT INCOME FROM SCHEDULE K-1'S 133,561 |

Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|---|
| PART XII, LINE 4B - OTHER ADJUSTMENTS | INVESTMENT EXPENSES REPORTED ON K-1'S RECEIVED 18,441 |

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SARASOTA MEMORIAL HEALTHCARE FOUNDATION
INC

Employer identification number
51-0188568

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|--|---------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
| CAMPBELL & CO 1 E WACKER DR STE 2100 CHICAGO, IL 60601 | CONSULTING | | No | 146,153 | 146,153 | 0 |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | 146,153 | 146,153 | |

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

FL

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

| Revenue | | (a)Event #1 | (b) Event #2 | (c)Other events | (d) |
|-----------------|---|--|---|----------------------------|---|
| | | HOSPITAL GALA (event type) | WOMEN & MEDICINE (event type) | 4 (total number) | Total events (add col (a) through col (c)) |
| 1 | Gross receipts | 1,697,900 | 205,725 | 328,787 | 2,232,412 |
| 2 | Less Contributions | 1,273,425 | 163,490 | 263,028 | 1,699,943 |
| 3 | Gross income (line 1 minus line 2) | 424,475 | 42,235 | 65,759 | 532,469 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | 27,053 | 27,053 |
| | 6 Rent/facility costs | 28,477 | | 42,314 | 70,791 |
| | 7 Food and beverages | 236,807 | 25,000 | 100,697 | 362,504 |
| | 8 Entertainment | 12,939 | | 8,785 | 21,724 |
| | 9 Other direct expenses | 112,604 | 18,206 | 121,968 | 252,778 |
| | 10 | Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | |
| 11 | Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | -202,381 |

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

| Revenue | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
|-----------------|---|---------------------------|---|---|---|
| | | 1 | Gross revenue | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <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

| | | | |
|----------|-----------------------------|--|---|
| 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 provide any additional information. See instructions.

| Return Reference | Explanation |
|---|---|
| SCHEDULE G, PART I, LINE 2B, COLUMN (V) | FIXED SERVICE FEES FOR FUNDRAISING COUNSEL, CONSULTANT SUBMITS RECEIPTS FOR EXPENSE REIMBURSEMENT AT COST |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
SARASOTA MEMORIAL HEALTHCARE FOUNDATION
INC

Employer identification number
51-0188568

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to 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.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|---------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) See Additional Data | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 6

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

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 noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

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

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 2 | GRANTS ARE RESTRICTED TO QUALIFIED EXEMPT HEALTH CARE-RELATED ORGANIZATIONS WITHIN SARASOTA COUNTY, FLORIDA PRIOR TO AUTHORIZING DISBURSMENTS, THE BOARD OF TRUSTEES DETERMINES THAT ORGANIZATIONS TO RECEIVE PAYMENT ARE (1) A LOCAL GOVERNMENTAL UNIT AS DESCRIBED IN SECTION 170 (B), OR (2) AN ORGANIZATION OTHERWISE EXEMPT UNDER 501(C)(3) BY EXAMINING THE ORGANIZATION'S LETTER AND THAT THE USE OF THE GRANT IS FOR CHARITABLE PURPOSES DESCRIBED IN SECTIONS 170(C)(1) AND 170(B) THE SARASOTA COUNTY PUBLIC HOSPITAL BOARD, SARASOTA MEMORIAL HOSPITAL IS A LOCAL GOVERNMENTAL UNIT DESCRIBED IN SECTION 170(B) |

Additional Data

Software ID:
Software Version:
EIN: 51-0188568
Name: SARASOTA MEMORIAL HEALTHCARE FOUNDATION
INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SARASOTA COUNTY PUBLIC HOSPITAL BOARD SARASOTA MEMORIAL HEALTHCARE SYSTEMS 1700 S TAMIAMI TRAIL SARASOTA, FL 34239 | 59-6012500 | SARASOTA COUNTY | 5,067,189 | | | | EDUCATION, FACILITIES AND EQUIPMENT, PATIENT CARE AND OTHER |
| CHABAD LUBAVITCH OF SARASOTA & MANATEE COUNTIES INC 7700 BENEVA RD SARASOTA, FL 34238 | 65-0234425 | 501(C)(3) | 10,000 | | | | EDUCATION AND SUPPORT FOR GERIATRIC SYMPOSIUM |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| INTERNATIONAL SOCIETY FOR CARDIOVASCULAR DISEASE PREVENTION INC 1950 ARLINGTON ST SUITE 300 SARASOTA, FL 34236 | 81-4098165 | 501(C)(3) | 25,000 | | | | EDUCATION AND SUPPORT FOR CARDIOVASCULAR DISEASE PREVENTION SYMPOSIUM |
| SUNCOAST COMMUNITIES BLOOD BANK 1760 MOUND STREET SARASOTA, FL 34236 | 59-0873275 | 501(C)(3) | 71,486 | | | | BLOOD FREEZER/STORAGE |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| SENIOR FRIENDSHIP CENTERS 1888 BROTHER GREEN WAY SARASOTA, FL 34236 | 59-1522614 | 501(C)(3) | 100,000 | | | | SUPPORT FOR UNINSURED PATIENT FUND |
| COASTAL BEHAVIORAL HEALTHCRAE INC 1565 STATE STREET SARASOTA, FL 34236 | 59-1432136 | 501(C)(3) | 6,271 | | | | MEDICAL EQUIPMENT FOR CRISIS STABILIZATION UNIT AND COMPASS RESIDENTIAL CENTER PROGRAM |

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SARASOTA MEMORIAL HEALTHCARE FOUNDATION
INC

Employer identification number
51-0188568

Part I Questions Regarding Compensation

| | Yes | No | | | | | | | | |
|--|---|--|--|--|--|---|---|--|--|--|
| <p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | | | | | | | | | |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | | | | | | | | |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | | | | | | | | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | | | | | | | |
| <p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p> | 1b | | | | | | | | | |
| <p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p> | 2 | | | | | | | | | |
| <p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract | <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study | <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | |
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract | | | | | | | | | |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study | | | | | | | | | |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | | | | | | |
| <p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p> | 4a | No | | | | | | | | |
| | 4b | No | | | | | | | | |
| | 4c | No | | | | | | | | |
| <p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p> | 5a | No | | | | | | | | |
| | 5b | No | | | | | | | | |
| <p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p> | 6a | No | | | | | | | | |
| | 6b | No | | | | | | | | |
| <p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p> | 7 | No | | | | | | | | |
| <p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p> | 8 | No | | | | | | | | |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | | | | | | | | | |

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SARASOTA MEMORIAL HEALTHCARE FOUNDATION
INC

Employer identification number
51-0188568

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | X | 15 | 766,708 | STOCK EXCHANGE/FMV |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (_____) | | | | |
| 26 Other ▶ (_____) | | | | |
| 27 Other ▶ (_____) | | | | |
| 28 Other ▶ (_____) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

| | |
|-----------|--|
| 29 | |
|-----------|--|

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

| | Yes | No |
|------------|-----|----|
| 30a | | No |

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

| | | |
|-----------|-----|--|
| 31 | Yes | |
|-----------|-----|--|

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

| | | |
|------------|--|----|
| 32a | | No |
|------------|--|----|

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2018

Open to Public Inspection

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.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury

Name of the organization

SARASOTA MEMORIAL HEALTHCARE FOUNDATION
INC

Employer identification number

51-0188568

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------------|--|
| FORM 990, PART I, LINE 6 | VOLUNTEER GOVERNING BOARD OF TRUSTEES PLUS VOLUNTEER COMMITTEE CHAIRS AND MEMBERS FOR SPECIAL EVENTS |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART VI, SECTION B, LINE 11B | EACH MEMBER OF THE BOARD OF TRUSTEES RECEIVES AN ELECTRONIC COPY OF THE ENTIRE 990 PRIOR TO FILING |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 12C | <p>TRUSTEES, OFFICERS, EMPLOYEES AND MEMBERS OF ANY COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS ARE COVERED BY THE POLICY AND ARE REQUIRED TO DISCLOSE THE EXISTENCE OF ANY FINANCIAL INTEREST WHICH MAY BE A CONFLICT OF INTEREST A PERSON HAS A FINANCIAL INTEREST IF THE PERSON IS 1) AN OFFICER OR DIRECTOR OR EMPLOYEE OF AN ORGANIZATION WHICH IS APPLYING FOR OR RECEIVING A GRANT FROM THE FOUNDATION, 2) HAS AN OWNERSHIP OR INVESTMENT INTEREST OF GREATER THAN 5% IN ANY ENTITY WITH WHICH THE FOUNDATION HAS A TRANSACTION OR ARRANGEMENT, AND/OR 3) HAS A COMPENSATION ARRANGEMENT WITH THE FOUNDATION OR WITH ANY ENTITY OR INDIVIDUAL WITH WHICH THE FOUNDATION HAS A TRANSACTION OR ARRANGEMENT COMPENSATION INCLUDES DIRECT AND INDIRECT REMUNERATION AS WELL AS GIFTS OR FAVORS REASONABLY CONSIDERED NOT INSUBSTANTIAL THE INTERESTED PERSON IS GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE TRUSTEES OR MEMBERS OF COMMITTEES CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT A CONFLICT MAY BE DECLARED BY THE INTERESTED PERSON WITHOUT FURTHER ACTION, OR THE BOARD OR COMMITTEE MAY MAKE A DETERMINATION AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE OR SHE SHALL LEAVE THE MEETING WHILE THE BOARD OR COMMITTEE DISCUSSES THE MATTER AND DETERMINE BY MAJORITY VOTE OF THE DISINTERESTED TRUSTEES OR COMMITTEE MEMBERS WHETHER A CONFLICT OF INTEREST EXISTS IF A CONFLICT OF INTEREST IS FOUND TO EXIST, 1) THE BOARD OR COMMITTEE MAY APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE THE PROPOSED TRANSACTION WHICH INVOLVES A CONFLICT OF INTEREST, OR 2) THE BOARD OR COMMITTEE SHALL DETERMINE, BY MAJORITY VOTE, WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE FOUNDATION'S BEST INTEREST AND WHETHER TO PROCEED OR REJECT THE PROPOSAL DURING THE DISCUSSION AND VOTE ON THE MATTER, THE INTERESTED PERSON WITH THE CONFLICT OF INTEREST SHALL NOT BE PRESENT A VOTING MEMBER OF THE BOARD OF TRUSTEES OR OF ANY COMMITTEE WHO RECEIVED COMPENSATION DIRECTLY OR INDIRECTLY FROM THE FOUNDATION FOR SERVICES IS PRECLUDED FROM VOTING ON MATTERS PERTAINING TO THAT MEMBER'S COMPENSATION IF THE BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE IF, AFTER HEARING THE MEMBER'S RESPONSE, THE BOARD OR COMMITTEE DETERMINES THAT THE MEMBER HAS FAILED TO DISCLOSE AS REQUIRED, IT SHALL TAKE APPROPRIATE CORRECTIVE ACTION</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|--|
| FORM 990, PART VI, SECTION B, LINE 15 | <p>THE COMPENSATION GUIDELINES ASSIST THE BOARD IN FULFILLING ITS RESPONSIBILITIES TO ACHIEVE THE FOUNDATION'S GOALS AND OBJECTIVES ACCORDING TO THE MISSION STATEMENT AND UPDATED BY THE STRATEGIC PLAN. THE ALLOCATION OF FINANCIAL AND HUMAN RESOURCES IS DESIGNED FOR THAT PARTICULAR PURPOSE AND THE BOARD RECOGNIZES THAT ACHIEVING THE MISSION REQUIRES ATTRACTING, RETAINING AND REWARDING SKILLED EXECUTIVES AND PERSONNEL WITHIN APPROPRIATE GUIDELINES ESTABLISHED BY GOOD GOVERNANCE PRACTICES. THE BOARD WISHES TO ESTABLISH COMPENSATION INCENTIVES THAT ARE COMPETITIVE IN THE MARKET PLACE AND BALANCED BETWEEN SHORT AND LONG-TERM PERFORMANCE. DESIGNED TO MOTIVATE AND REWARD MISSION-DIRECTED PERFORMANCE. THE GOVERNANCE AND COMPENSATION COMMITTEE IS RESPONSIBLE FOR THE HEALTH AND FUNCTIONING OF THE BOARD OF TRUSTEES AND ENSURES THAT AN EFFECTIVE PERFORMANCE EVALUATION AND COMPENSATION PROCESS IS IN PLACE. DUTIES INCLUDE:</p> <ol style="list-style-type: none"> 1) FACILITATE THE ANNUAL PERFORMANCE REVIEW OF THE FOUNDATION PRESIDENT. INVITE PERFORMANCE FEEDBACK FROM ALL BOARD MEMBERS AT AN ANNUAL EXECUTIVE SESSION OF THE BOARD, SHARE FEEDBACK, AND REACH CONSENSUS ON OVERALL PERFORMANCE RATING. 2) ANNUALLY RECOMMEND COMPENSATION AND BONUS LEVELS TO THE BOARD FOR THE FOUNDATION PRESIDENT. 3) REVIEW PERFORMANCE EVALUATIONS AND COMPENSATION FOR KEY STAFF MEMBERS. <p>COMPENSATION FOR SENIOR EXECUTIVES MUST MEET STANDARDS UNDER IRS INTERMEDIATE SANCTIONS REGULATIONS AS THEY APPLY TO DISQUALIFIED PERSONS. THIS INCLUDES THE PRESIDENT AND OTHER KEY EMPLOYEES. COMPENSATION, FOR PURPOSES OF INTERMEDIATE SANCTIONS, INCLUDES ALL REMUNERATION. ANNUALLY THE FULL BOARD MEETS TO ESTABLISH THE MISSION-ORIENTED STRATEGY FOR THE COMING YEAR AND APPROVE THE ANNUAL PLAN FOR ALLOCATING FINANCIAL RESOURCES. THE STRATEGY WILL BECOME THE BASIS FOR ESTABLISHING PERFORMANCE GOALS FOR THE ORGANIZATION AS A WHOLE AND FOR INDIVIDUALS. THE GOVERNANCE AND COMPENSATION COMMITTEE ESTABLISHES MISSION-ORIENTED PERFORMANCE GOALS AND OVERALL COMPENSATION PHILOSOPHY FOR THE COMING YEAR BASED ON THE STRATEGY AND FINANCIAL RESOURCES. THE BOARD HAS DETERMINED THAT MERIT INCREASES AND BONUSES ARE BASED ON PERFORMANCE IN ACHIEVING THE FOUNDATION'S OBJECTIVES TO FULFILL THE MISSION AND STRATEGIC PLAN. THE BOARD HAS ALSO SET A GOAL THAT ALL EMPLOYEES, INCLUDING EXECUTIVES, RECEIVE MARKET-COMPETITIVE COMPENSATION INCLUDING BENEFITS. THE PRESIDENT OR DESIGNEE EVALUATES EACH EMPLOYEE DURING THE ANNUAL PLANNING PROCESS AND COMPENSATION IS ADJUSTED BASED ON PERFORMANCE. THE BOARD APPROVED ANNUAL OPERATING PLAN, AND THE MARKET-BASED SALARY POINT FOR THAT POSITION. THE PRESIDENT HAS PARAMETERS FOR TOTAL COMPENSATION PAID TO EMPLOYEES BASED ON THE BOARD APPROVED ANNUAL OPERATING PLAN AND IS REQUIRED TO INFORM THE EXECUTIVE COMMITTEE WHENEVER COMPENSATION WILL EXCEED THOSE PARAMETERS. THE GOVERNANCE AND COMPENSATION COMMITTEE EVALUATES THE PRESIDENT ANNUALLY AT THE END OF EACH FISCAL YEAR AND DETERMINES THE TOTAL COMPENSATION BASED ON PERFORMANCE, ACHIEVEMENT.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 15 | T OF GOALS AND COMPARABLE COMPENSATION FOR LIKE POSITIONS IN SIMILAR ORGANIZATIONS TO MEE T THE REASONABLE STANDARD OF THE IRS, THE FOUNDATION HAS IDENTIFIED A GROUP OF ORGANIZATIO NS MOST COMPARABLE TO THE FOUNDATION IN TERMS OF REVENUES AND THEIR SOURCES, SCOPE OF ACTI VITIES, MISSION, QUALITY OF STAFF THEY RECRUIT AND PUBLIC PROMINENCE THE TOTAL COMPENSATI ON FOR THE CEO'S OF THESE ORGANIZATIONS IS USED TO DETERMINE REASONABLENESS |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION C, LINE 19 | THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|---|
| FORM 990, PART XI, LINE 9 | CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT -56,298 RETURN OF GRANT FUNDS 859,169 UNREALIZED GAIN ON PERPETUAL TRUSTS -18,849 NET INVESTMENT (INCOME) LOSS REPORTED ON SCHEDULE K-1'S RECEIVED -115,120 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART XII, LINE 2C AUDIT REVIEW PROCESS | THE AUDIT REVIEW PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR |