** PUBLIC DISCLOSURE COPY ** 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

Department of the Treasury Internal Revenue Service

Т

AF	or th	e 2022 calendar year, or tax year beginning and	ending				
B C a	heck if pplicab	able: C Name of organization D Employer identification num					
	Addre	PRESBYTERIAN HOSPITAL FOUNDATION					
	Name		MEDIC	58-141307	74		
	Initial		Room/suite	E Telephone number			
	Final returr	2085 FRONTIG DIAZA BLUD	i toonii outto	336-277-2			
L	termi			G Gross receipts \$	57,833,997.		
	Amer			H(a) Is this a group re			
	Appli dtion			for subordinates?			
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates ind			
IT	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	1	list. See instructions		
	Vebsi			H(c) Group exemptior			
κF	orm o	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year		I State of legal domicile: NC		
	art I	Summary		· · · · · ·	-		
	1	Briefly describe the organization's mission or most significant activities: SEE	SCHEDU	LE O			
Activities & Governance							
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets.		
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	29		
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	22		
8 8	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	9			
/itie	6	Total number of volunteers (estimate if necessary)		6	59		
\ctj	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.		
				Prior Year	Current Year		
e	8	Contributions and grants (Part VIII, line 1h)		10,218,117.	16,119,572.		
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		10,689,625.	2,918,265.		
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-72,528.	-91,092.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		20,835,214.	18,946,745.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		27,088,724.	6,836,875.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		684,389.	721,811.		
sue	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 361,6		1 100 104	1 001 225		
ш	1 ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,106,164.	1,001,335.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		28,879,277.	8,560,021.		
	19	Revenue less expenses. Subtract line 18 from line 12		-8,044,063.	10,386,724.		
Net Assets or Fund Balances			1	ginning of Current Year 14 FA7 2つ9	End of Year		
Sset	20	Total assets (Part X, line 16)		14,547,328.	90,424,635.		
et A	21	Total liabilities (Part X, line 26)		20,737,310. 93,810,018.	1,103,047.		
	art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		JJ,0IU,UIQ•	89,321,588.		
				unter and to the bast of our	In an in a such that the last		
nuq	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedule	s anu stateme	mus, and to the pest of my	Knowledge and bellet, it is		

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date	
-	GEOFFREY GARDNER, CFO				
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN	
Paid	AERRIAL M. ORR			self-employed P01598400	
Preparer	Firm's name ERNST & YOUNG U.S	. LLP		Firm's EIN 34-6565596	
Use Only	Firm's address 55 IVAN ALLEN JR.	BLVD., SUITE 1000			
	ATLANTA, GA 30308 Phone no. 404 - 874 - 8300				
May the IRS discuss this return with the preparer shown above? See instructions					
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)				

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

E 11					
File a	separate	application	TOR	each return.	

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or						number (TIN)		
print	PRESBYTERIAN HOSPITAL FOUNDATION 58-1413074							
File by the due date for filing your return. See	the te for Number, street, and room or suite no. If a P.O. box, see instructions.							
instructions.								
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)					
Applicati	ion	Return	Application			Return		
ls For		Code	Is For			Code		
Form 990) or Form 990-EZ	01	Form 1041-A			08		
Form 472	20 (individual)	03	Form 4720 (other than individual)			09		
Form 990)-PF	04	Form 5227			10		
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990	0-T (trust other than above)	06	Form 8870			12		
Form 990)-T (corporation) KAREN DAUGHERTY	07						
 If the o If this box I ree the 2 If the 	he tax year entered in line 1 is for less than 12 months, ch	Aroup Exe and atta NOVEN anization's , an neck reasc	mption Number (GEN) I <u>ch a list with the names and TINs of</u> <u>1BER 15, 2023, to file return for: d ending on: Initial return</u>	f this is for all membe	r the whole gr ers the extens upt organizatio	oup, check this sion is for.		
	nis application is for Forms 990-PF, 990-T, 4720, or 6069 / nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.		
	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and					
	imated tax payments made. Include any prior year overpa			3b	\$	0.		
	lance due. Subtract line 3b from line 3a. Include your pa							
	ng EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.		
instructio	If you are going to make an electronic funds withdrawal ons.			153-TE and		TE for payment 368 (Rev. 1-2022)		

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	990 (2022) PRESBYTERIAN HOSPITAL FOUNDATION	58-1413074	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Ye	s 🚺 No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ye	s 🚺 No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as	s measured by expenses	5.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe revenue, if any, for each program service reported.	ers, the total expenses, a	and
4a	(Code:) (Expenses \$ 7,303,188 including grants of \$ 6,836,875 including grants of \$ 6,836,875 including grants of \$ 7,303,188 including grants of \$ 6,836,875 including grants of \$ 100 minutes (\$ 6,836,875 including grants of \$ 100 minutes (\$ 6,836,875 including grants of \$ 100 minutes (\$ 100 minutes	enue \$	0.)
	THE PRESBYTERIAN HOSPITAL FOUNDATION RECEIVES AND ADMINI		
	CHARITABLE CONTRIBUTIONS AND OTHER FUNDS FOR THE BENEFIT PRESBYTERIAN HOSPITAL AND THE NON-PROFIT TAX-EXEMPT SUBS		
	NOVANT HEALTH SOUTHERN PIEDMONT REGION, LLC. THE FUNDS A		
	ENTITIES IN PROVIDING MEDICAL CARE AS WELL AS EDUCATIONA		RCH
	ACTIVITIES FOR THE BENEFIT OF THE CHARLOTTE MECKLENBURG		
	AND SURROUNDING AREAS.		
4b	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$)
	· / · · · · · / · ·		,
4c	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 7,303,188.)	
<u>4e</u>	Total program service expenses 7,303,188.	Form	990 (2022)
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Form	990	(2022)

 Form 990 (2022)
 PRESBYTERIAN HOSPITAL FOUNDATION

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u>X</u>	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	. –		37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
~~	complete Schedule G, Part III	19		X X
20a		20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
ا م	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u>24u</u>		
zJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	234		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
05 -	Part V, line 1	34	Х	x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		<u> </u>
D	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)2. If "Yes." complete Schoolule D. Bert V. line 2.	35b		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	350		
50		36		х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 55		
01		37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 7			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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	990 (2022) PRESBYTERIAN HOSPITAL FOUNDATION 58-141	3074	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		-	
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		х
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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		х
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).	0.0		
, 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	х	
			X	
	It "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
C		7c		х
م		10		
		70		х
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 7f		<u></u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	. 7g		
-	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		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9a</u>		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	. <u>9b</u>		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter:			
а	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.)			
	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	. 14b		<u> </u>
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?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	. 16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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232005	12-13-22

Form	aan	(2022)
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PRESBYTERIAN HOSPITAL FOUNDATION

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

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

		.	~	۰	Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	1 a	2	뵈		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		2			
-	Enter the number of voting members included on line 1a, above, who are independent		2	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				v	
~	officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?					X X
4	Did the organization make any significant changes to its governing documents since the prior Form 9					X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5 6	x	
6 7-	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap			0		
7a	more members of the governing body?			7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockhol	ders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	following:			
а	The governing body?			8a	Х	
	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at	the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue (Code.)		1	
					Yes	
0a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before	e filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	,				
	on Schedule O how this was done			12c		
3	Did the organization have a written whistleblower policy?				X	
4	Did the organization have a written document retention and destruction policy?			14	X	
5	Did the process for determining compensation of the following persons include a review and approva	l by inc	lependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					37
	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		u			
ба	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent to use 2			10		v
Ŀ	taxable entity during the year?			<u>16a</u>		X
α	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			164		
Sect	exempt status with respect to such arrangements?			16b	1	I
17	List the states with which a copy of this Form 990 is required to be filed <u>NC</u>					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd QQU	T (section 501(c)/	s)s only)	availa	hle
	for public inspection. Indicate how you made these available. Check all that apply.	10 000		, s on y)	avana	
	X Own website Another's website X Upon request Other (explain)	on So	hadula ()			
			,	nd finan	cial	
19		nflict o	Finterest nouce a			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	r interest policy, a	nu inan		
19 20	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co statements available to the public during the tax year.			nu inan		
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boo					
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co statements available to the public during the tax year.					

1

Part VII	Compensation of Officers,	Directors, Tr	rustees, Key	Employees,	Highest	Compensated
	Employees, and Independe	ent Contracto	ors			

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

See the instructions for the order in which to list the persons above.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck		۱ than d	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	is both	n an	compensation	compensation	amount of
	week			uau	reciu		lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or d	fee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	npen		1099-NEC)	1039-1120)	and related
	below	n dividual trustee or director	n stitutional trustee	_	nploy	st cor	ar a	1000 (120)		organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			
(1) FRED HARGETT	0.20									
EVP & CFO	50.00			х				Ο.	2,355,664.	61,852.
(2) JERRY BARRON MD	0.20									
TRUSTEE/ORTHOPAEDIST	45.00	Х						0.	1,142,175.	53,584.
(3) SIDNEY FLETCHER MD	0.20									
TRUSTEE/SVP CHIEF CLINICAL OFFICER	50.00	Х						0.	1,019,356.	151,767.
(4) KIMBERLY HENDERSON	0.00									
FMR SVP FOUNDATIONS	50.00						Х	0.	911,387.	133,449.
(5) JOHN MCDONALD MD	0.20									
TRUSTEE/CLINICAL PHYSICIAN EXECUTIVE	45.00	Х						0.	803,046.	53,697.
(6) DOROTHY CAULKINS	10.00									
SVP FOUNDATIONS	40.00			Х				0.	626,052.	106,133.
(7) TIFFANI JONES MD	0.20									
VICE CHAIR/OBSTETRICIAN/GYNECOLOGIST	45.00	Х		X				0.	655,751.	13,078.
(8) KATHLEEN SPIZZIRRI	50.00							1 6 0 1 0 4		0 - 400
EXECUTIVE DIRECTOR	0.00			Х				168,184.	0.	27,400.
(9) JENNIFER CLIFFORD	0.00							•	100 401	0 744
FMR EXECUTIVE DIRECTOR	50.00						X	0.	123,431.	9,744.
(10) NICHOLE BURTON	45.00							102 005	0	6 700
PHILANTHROPY MANAGER	0.00					X		103,985.	0.	6,728.
(11) JUSTIN TRAKAS	45.00							100 105	0	C 720
PHILANTHROPY MANAGER	0.00					X		103,105.	0.	6,738.
(12) NATALIE ALSTON	0.20							•	0	0
TRUSTEE	0.00	Х						0.	0.	0.
(13) OLIVER BADGIO TRUSTEE	0.20	x						0.	0.	0.
(14) WENDY BILAS	0.00	<u> </u>				-		0.	0.	0.
TRUSTEE	0.20	х						0.	0.	0.
(15) DARRIN BOLAND	0.20	^				-		0.	0.	0.
TRUSTEE	0.20	x						0.	0.	0.
(16) JOHN CASHION	0.20	Δ						0.	0.	0.
TRUSTEE	0.20	x						0.	0.	0.
(17) AYANNA CHANCE	0.20					-		0.	0.	<u> </u>
TRUSTEE	0.20	x						0.	0.	0.
222007 10 12 22	0.00	- 11				I	I	U V V	V •	Eorm 990 (2022)

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Form 990 (2022)

Form 990 (2022) PRESBYTER	RIAN HOS	SPI	TA	L	FO	UN	DA	TION	58-1413	074	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	l Hig	ghes	st C	ompensated Employee	s (continued)		
(A)	(B)				C)			(D)	(E)	()	F)
Name and title	Average	(-1-			ition			Reportable	Reportable		nated
	hours per	box	, unles	ss per	rson i	than o s both	n an	compensation	compensation		unt of
	week	offic	cer an	d a d	irecto	or/trus [.]	tee)	from	from related	ot	her
	(list any	ector						the	organizations	compe	nsation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/		n the
	related organizations	ustee	truste		e.	bens		(W-2/1099-MISC/	1099-NEC)		ization
	below	ual tr	tional		ploye	t com		1099-NEC)			elated zations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			l	2410113
(18) JOHN COMLY	0.20		-	0	×	Ξæ					
TRUSTEE	0.00	x						0.	0.		0.
(19) ELIZABETH CORNELSON-WEISIGER	0.20										
TRUSTEE	0.00	x						0.	0.		0.
(20) WILLIAM COWAN	0.20									<u> </u>	
TREASURER	0.00	x		х				0.	0.		0.
(21) JENNIFER DOYLE	0.20										
SECRETARY	0.00	x		х				0.	0.		0.
(22) ALEX FUNDERBURG	0.20										
PAST CHAIR	0.00	х		х				0.	0.		0.
(23) DAVID GROOMES	0.20										
TRUSTEE	0.00	х						0.	0.		Ο.
(24) RICHARD HAGEN	0.20										
TRUSTEE	0.00	х						0.	0.		Ο.
(25) EMILY HARRY	0.20										
TRUSTEE	0.00	Х						0.	0.		0.
(26) KATE HATCHER MD	0.20										
CHAIR	0.20	Х		Х				0.	0.		0.
1b Subtotal								375,274.	7,636,862.	624,	<u>,170.</u>
c Total from continuation sheets to Part VI	I, Section A							0.	0.		0.
d Total (add lines 1b and 1c)				<u></u>				375,274.	7,636,862.	624,	,170.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable		
compensation from the organization											3
										Y	es No
3 Did the organization list any former officer,	director, truste	ee, k	key e	mpl	oye	e, or	hig	hest compensated empl	oyee on		
line 1a? If "Yes," complete Schedule J for s	uch individual									3 2	x
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	er compensation from the	ne organization		
and related organizations greater than \$150										<u>4</u>	x
5 Did any person listed on line 1a receive or a								ed organization or individ	lual for services		
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ich į	oers	on .				5	X
Section B. Independent Contractors											
1 Complete this table for your five highest con	•	•							· ·	tion from	
the organization. Report compensation for t	the calendar ye	ear e	endin	ig w	ith c	or wi	thin T	· · · ·	ear.		
(A) Name and business	addross	370						(B) Description of s	onvisoo	(C) Compensa	ation
	address	INC	ONE	5			_	Description of s			
							_				
2 Total number of independent contractors (ir	ocluding but pr	ot lin	niter	l to t	thos		tod	above) who received mo	ore than		

 2
 Total number of independent contractors (including but not limited to those listed above) who received mo \$100,000 of compensation from the organization
 0

 SEE
 PART
 VII,
 SECTION
 A
 CONTINUATION
 SHEETS

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Form 990 (2022)

Form 990 PRESBYTER									58-141	3074
Part VII Section A. Officers, Directors, Tru		nplo	yee			lighe	est (, ,	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(C	hecł	k all '	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	F				loyee		the	organizations	compensation
	(list any	irecto				emp		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	rustee	1 trus		ee,	n pen				organizations
	below	dual ti	tiona		(old n	stcor	<u> </u>			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former			
(27) JOHN HONDROS	0.20	-	-		-	-	-			
TRUSTEE	0.00	Х						0.	Ο.	0.
(28) VONDA HUSS	0.20									
TRUSTEE	0.00	х						0.	0.	0.
(29) NAT HYDE	0.20							• •		
TRUSTEE	0.00	x						0.	0.	0.
(30) LUIS LLUBERAS	0.00		-	-	-	-		0.	0.	
TRUSTEE	0.20	x						0.	0.	0.
		Λ						0.	0.	<u>U.</u>
(31) EDGARDO MARTINEZ	0.20							0	0	0
TRUSTEE	0.00	Х			<u> </u>			0.	0.	0.
(32) CHIP NISBET	0.20								•	•
TRUSTEE	0.00	Х						0.	0.	0.
(33) CALDWELL ROSE	0.20									
TRUSTEE	0.00	Х						0.	0.	0.
(34) STONEY SELLARS	0.20									
TRUSTEE	0.00	Х						0.	Ο.	0.
(35) CHARLOTTE WICKHAM	0.20									
TRUSTEE	0.00	Х						0.	Ο.	0.
(36) MICHAEL WILES	0.20									
TRUSTEE	0.00	х						0.	0.	0.
			-							
					<u> </u>					
		L		L						
		1								
	1	·	L	I	L	I	I			
Total to Part VII, Section A, line 1c										
								1		l

232201 04-01-22

				RIAN	HOSPITAL	FOUNDATION	J	58-1413	074 Page 9
Par	t VI	I Statement of Re	venue						
		Check if Schedule O	contains a	response	or note to any lin		(5)	(0)	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 51
ເ ເ	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts				1b					
μΩ Ω		Fundraising events		1c	334,788.				
ar /	d	Related organizations		1d	2,610.				
s, c imil	е	Government grants (contr	ibutions)	1e					
rion S	f	All other contributions, gifts,	grants, and						
<u>i</u> <u>a</u>		similar amounts not included	above	1f	15,782,174.				
outro	-	Noncash contributions included in		1g \$	2,478,887.	16 110 570			
<u>ة ن</u>	h	Total. Add lines 1a-1f			Business Code	16,119,572.			
	•				Business Code				
Program Service Revenue	2 a b								
Ser	c								
žer.	d								
Be	e)							
Pro	f	All other program service	revenue						
	g	Total. Add lines 2a-2f							
	3	Investment income (incluc	ding divide	nds, intere	est, and				
						1,058,799.			1058799
	4	Income from investment c							
	5	Royalties) Real	(ii) Personal				
	^ -	Overe verte	· · ·) Real	(II) Personal				
		Gross rents	6a 6b						
	c	–	6c						
		Net rental income or (loss)							
		Gross amount from sales of		ecurities	(ii) Other				
		assets other than inventory	7a 40,5	587,839.					
	b	Less: cost or other basis							
an		and sales expenses	7b 38,7	-					
evenue	c	Gain or (loss)	7c 1,8	359,466.					
		Net gain or (loss)			·····	1,859,466.			1859466
Other R	8 a	Gross income from fundraisi	•						
0		including \$		- 1					
		contributions reported on Part IV, line 18	,		53,975.				
	h	Less: direct expenses							
		Net income or (loss) from			·····	-104,904.			-104,904
		Gross income from gamin	-						
		Part IV, line 19			13,812.				
	b	Less: direct expenses			0.				
		Net income or (loss) from				13,812.			13,812
	10 a	Gross sales of inventory, I							
		and allowances							
		Less: cost of goods sold							
	С	Net income or (loss) from	sales of inv	ventory	Business Code				
sn	11 a				Dusiness Coue				
Miscellaneous Revenue	n a b								
ella ver	c								
S B B B		All other revenue							
≥		Total. Add lines 11a-11d							
	12	Total revenue. See instruction				18,946,745.	0.	0.	2827173
32009	12-13								Form 990 (20

PRESBYTERIAN HOSPITAL FOUNDATION 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).

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	6,046,154.	6,046,154.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	790,721.	790,721.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	195,584.		195,584.	
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	433,554.	78,040.	121,394.	234,120.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	18,921.	3,406.	5,298.	10,217.
9	Other employee benefits	29,770.	5,359.	8,336.	16,075.
10	Payroll taxes	43,982.	7,917.	12,315.	23,750.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	144,397.		144,397.	
g					
	column (A), amount, list line 11g expenses on Sch 0.)	84,083.	3,430.	70,363.	10,290.
12	Advertising and promotion	39,572.	19,786.		19,786.
13	Office expenses	39,541.	2,328.	30,226.	6,987.
14	Information technology	2,487.	448.	696.	1,343.
15	Royalties				
16	Occupancy	340.		340.	
17	Travel	2,860.	515.	801.	1,544.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	26.022			
20	Interest	36,833.	36,833.		
21	Payments to affiliates	0 000	1 4	0.000	4 265
22	Depreciation, depletion, and amortization	8,083.	1,455.	2,263.	4,365.
23	Insurance	1,816.	327.	508.	981.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	600 240	207 570	200 056	1 605
a	MISCELLANEOUS	600,240.	297,579.	298,056.	4,605.
b	OTHER SUPPLIES	34,922.	3,844.	4,230.	26,848.
C	BAD DEBT	4,801.	4,801.	201	70/
d	DUES AND SUBSCRIPTIONS	1,360.	245.	381.	734.
-	All other expenses	9 560 001	7 202 100	005 100	261 645
25	Total functional expenses. Add lines 1 through 24e	8,560,021.	7,303,188.	895,188.	361,645.
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 hereif following SOP 98-2 (ASC 958-720)				
					Form 990 (2022)
23201	0 12-13-22	10			rom 330 (2022)

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2022.05000 PRESBYTERIAN HOSPITAL FOU PHF____1

	n 990 () rt X	2022) PRESBYTERIAN H Balance Sheet	OSPI	TAL FOUNDATIC	DN	58-	1413074 Page 11		
Fa		Check if Schedule O contains a response or not	0 to 001	ling in this Dart V					
		Check in Schedule O contains a response of hot	e to any		(A)				
					(A) Beginning of year		(B) End of year		
	1	Cash - non-interest-bearing			8,059,103.	1	3,692,007.		
	2	Savings and temporary cash investments			0,000,12000	2	5705270070		
	3	Pledges and grants receivable, net			6,984,956.	3	7,124,579.		
	4	Accounts receivable, net			887.	4	,,1221,3,30		
	5	Loans and other receivables from any current or							
		trustee, key employee, creator or founder, subst							
		controlled entity or family member of any of these				5			
	6	Loans and other receivables from other disqualit	•			Ū			
	ľ	under section 4958(f)(1)), and persons described				6			
6	7	Notes and loans receivable, net				7			
Assets	8	Inventories for sale or use				8			
As	9					9			
		Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D	10a	722,081.					
	ь	Less: accumulated depreciation	10b	722,081. 153,919.	46,245.	10c	568,162.		
	11	Investments - publicly traded securities			75,952,598.		71,026,994.		
	12	Investments - other securities. See Part IV, line 1			23,469,008.	12	7,978,362.		
	13	Investments - program-related. See Part IV, line				13			
	14	Intangible assets				14			
	15		Other assets. See Part IV, line 11						
	16	Total assets. Add lines 1 through 15 (must equa			114,547,328.	16	34,531. 90,424,635.		
	17	Accounts payable and accrued expenses			43,259.	17	153,305.		
	18	Grants payable				18			
	19	Deferred revenue				19			
	20	Tax-exempt bond liabilities				20			
	21	Escrow or custodial account liability. Complete I	Part IV o	of Schedule D		21			
ŝ	22	Loans and other payables to any current or form	er offic	er, director,					
liti		trustee, key employee, creator or founder, subst							
Liabilities		controlled entity or family member of any of thes				22			
	23	Secured mortgages and notes payable to unrela				23			
	24	Unsecured notes and loans payable to unrelated				24			
	25	Other liabilities (including federal income tax, pa							
		parties, and other liabilities not included on lines	,				040 742		
		of Schedule D			20,694,051. 20,737,310.	25	949,742. 1,103,047.		
	26	Total liabilities. Add lines 17 through 25			20,737,310.	26	1,103,047.		
S		Organizations that follow FASB ASC 958, che	ck nere						
ů.	27	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions		52,927,828.	27	46,188,970.			
3ala	28			40,882,190.	28	43,132,618.			
ББ	20	Organizations that do not follow FASB ASC 9				20			
Τu		and complete lines 29 through 33.	,						
p	29	Capital stock or trust principal, or current funds				29			
iets	30	Paid-in or capital surplus, or land, building, or ec				30			
Ass	31	Retained earnings, endowment, accumulated in				31			
Net Assets or Fund Balances	32	Total net assets or fund balances			93,810,018.	32	89,321,588.		
~	33				114,547,328.	33	90,424,635.		
							Form 990 (2022)		

Form 990 (2022)

	990 (2022) PRESBYTERIAN HOSPITAL FOUNDATION	58-	14130)74	Pa	_{ge} 12
Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>45.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		,56	-	
3	Revenue less expenses. Subtract line 2 from line 1	3				24.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				18.
5	Net unrealized gains (losses) on investments	5	- 9	<u>,15</u>	2,1	82.
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 on Schedule O)	9	-5	<u>,72</u>	2,9	72.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	89	<u>,32</u>	1,5	88.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	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?			2b	Х	
	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 X Consolidated basis Both consolidated and separate basis					
с	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?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	
					000	

Form **990** (2022)

SCH	EDL	JLE	Α

Department of the Treasury Internal Revenue Service

(Form 990)

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 instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization

Nam	Name of the organization Employer identification number								
		PRES	BYTERIAN HO	OSPITAL FOUN	OATION	1		5	8-1413074
Par	tl	Reason for Public C	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	s.	
The c	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	ו 990).)				
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
,		city, and state:							
5		An organization operated for		lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in
,		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov	•				. ,		
7	X	An organization that normal	-	ntial part of its support fi	om a gove	ernmental	unit or from th	ne general j	oublic described in
- 1		section 170(b)(1)(A)(vi). (C							
8		A community trust describe			-				
9		An agricultural research org				-		-	•
		or university or a non-land-g	rant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of	the college	e or
10		university:		than 22 1/20/ of its own	art from a	ontribution	o momborob	in face an	d areas ressints from
10		An organization that normal							
		activities related to its exem income and unrelated busin		-					-
		See section 509(a)(2). (Cor				ses acqui		jai lization e	
11		An organization organized a	-	vely to test for public sa	fetv See	section 50)9(a)(4)		
12		An organization organized a	-	•	•			rry out the	nurnoses of one or
		more publicly supported or	-	-	-			•	
		lines 12a through 12d that	-						
а		Type I. A supporting orga						-	giving
		the supported organization		-	•	-			
		organization. You must c	omplete Part IV, Se	ctions A and B.					
b] Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с] Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)
		that is not functionally inte	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	uirement and	an attentiv	/eness
		requirement (see instructi	ons). You must con	plete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga					Туре I, Туре	II, Type III	
		functionally integrated, or		nally integrated supportion	ng organiz	ation.			[]
f		r the number of supported o	•						
g		ride the following information) Name of supported	about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	fmonetary	(vi) Amount of other
	(.	organization		(described on lines 1-10	in your governi Yes	ng document? No	support (see ir		support (see instructions)
		-		above (see instructions))	165				
_									
Total									

Schedule A (Form 990) 2022

Part II

PRESBYTERIAN HOSPITAL FOUNDATION

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

fails to qualify under the tests listed below, please complete Part III.)

Se	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	7634767.	8805262.	6611957.	<u>10218117.</u>	<u>16119572.</u>	49389675.	
2	Tax revenues levied for the organ-							
	ization'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	7634767.	8805262.	6611957.	10218117.	16119572.	49389675.	
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,						1 6 4 9 9 5 4 9	
	column (f)						16400542.	
	Public support. Subtract line 5 from line 4.						32989133.	
	ction B. Total Support	() 0040	(1) 0010	() 0000	(1) 0001	() 0000	(0, 7, 1, 1,	
	ndar year (or fiscal year beginning in)	(a) 2018 7634767.	(b) 2019 8805262.	(c) 2020	(d) 2021	(e) 2022	(f) Total 49389675.	
	Amounts from line 4	/034/0/.	0005202.	0011957.	1021011/.	10119572.	49309073.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	1182378.	1345378.	1091152.	1213578.	1058799.	5891285.	
9	and income from similar sources Net income from unrelated business	1102570.	1343370.	1091152.	1213370.	1050799.	5091205.	
9								
	activities, whether or not the business is regularly carried on	0.	2,298.	3,325.	0.	0.	5,623.	
10	Other income. Do not include gain		2,250.	5,525.			5,025.	
10	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11							55286583.	
12	Gross receipts from related activities,	etc. (see instruction	ns)			12		
13	First 5 years. If the Form 990 is for th		,	fourth. or fifth tax	vear as a section 5			
	organization, check this box and stop	0		· ·	<i>,</i>	()()		
Se	ction C. Computation of Publi							
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	59.67 %	
15	Public support percentage from 2021					15	67.90 %	
16a	a 33 1/3% support test - 2022. If the o					ore, check this bo	x and	
	stop here. The organization qualifies	as a publicly supp	orted organization				X	
k	o 33 1/3% support test - 2021. If the o	organization did no	ot check a box on I	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box	
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation				
17a	a 10% -facts-and-circumstances test	: - 2022. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,	
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation	
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization			
k	o 10% -facts-and-circumstances test	- 2021. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or	
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and s t	top here. Explain i	n Part VI how the		
	organization meets the facts-and-circo		-					
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s	
						Schedule A	(Form 990) 2022	

232022 12-09-22

PRESBYTERIAN HOSPITAL FOUNDATION 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.)

Se	ction A. Public Support					_	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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 \dots						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1			1	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on 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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third.	fourth, or fifth tax	year as a section 5	501(c)(3) oraa	nization,
	check this box and stop here	-			-		
Se	ction C. Computation of Publ						
15	Public support percentage for 2022 (line 8, column (f), c	livided by line 13,	column (f))		15	%
16	Public support percentage from 2021	I Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 2	022 (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19 a	a 33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	lifies as a publicly	supported organiza	ation	
k	33 1/3% support tests - 2021. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is mo	ore than 33 1	/3%, and
	line 18 is not more than 33 1/3%, che	eck this box and st	top here. The org	anization qualifies	as a publicly suppo	orted organiza	ation
20	Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check t	his box and see ins	structions	
2320	23 12-09-22		_	_		Sche	dule A (Form 990) 2022
			17	/			

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PRESBYTERIAN HOSPITAL FOUNDATION

1

2

3a

3b

3c

4a

Yes No

Part IV Supporting Organizations

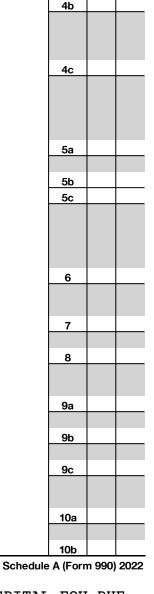
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on 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.
- **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.*
- **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.)

18

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2022.05000 PRESBYTERIAN HOSPITAL FOU PHF____1

Sche	dule A (Form 990) 2022	PRESBYTERIAN HOSPITAL FOUNDATION	58-141307	4 Pa	age 5
Par	rt IV Supporting Organ	nizations (continued)			
				Yes	No
11	Has the organization accepted	a gift or contribution from any of the following persons?			
а	A person who directly or indire	ectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing bod	y of a supported organization?	11a		
b	A family member of a person	described on line 11a above?	11b		
с	A 35% controlled entity of a p	erson described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.		11c		
Sec	tion B. Type I Supportin	g Organizations			
				Yes	No

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

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

000	tion of Type in 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)? 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).	1			
Sec	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?	1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how				
	the organization maintained a close and continuous working relationship with the supported organization(s).	2			
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a				
	significant voice in the organization's investment policies and in directing the use of the organization's				
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's				
	supported organizations played in this regard	3			

Section E. Type III Functionally Integrated Supporting Organizations

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

The organization satisfied the Activities Test. Complete line 2 below. а

b		The organization	is the parent of ea	ch of its supported org	ganizations. Com	plete line 3 below.
---	--	------------------	---------------------	-------------------------	------------------	---------------------

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	

- Activities Test. Answer lines 2a and 2b below. 2
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22

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3b Schedule A (Form 990) 2022

1

2a

2b

3a

Yes No

Schedule A	Form	990) 2022
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PRESBYTERIAN HOSPITAL FOUNDATION

Pa	rt v Type III Non-Functionally Integrated 509(a)(3) Support	ng Organ	zations				
1	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 mu	st complete	Sections A through E.				
Sect	ion 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):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
с	Fair market value of other non-exempt-use assets	1c					
	Total (add lines 1a, 1b, and 1c)	1d					
е	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 0.015 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 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 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	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see			

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

Schedule A	(Form	990)	202

990) 2022 PRESBYTERIAN HOSPITAL FOUNDATION 58-1413074 Page 7

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	
Secti	ion D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpos	S	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - D		5		
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	1		
	(provide details in Part VI). See instructions.	C I		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

232027 12-09-22

Dert VI				FOUNDATION		413074	Page
	Supplemental Informat Part IV, Section A, lines 1, 2, 3 line 1; Part IV, Section D, lines	b, 3c, 4b, 4c, 5a, 6, 9a, 2 and 3: Part IV. Sectio	9b, 9c, 11a, 11b n E. lines 1c. 2a.	, and 11c; Part IV, S 2b. 3a. and 3b: Parl	ection B, lines 1 and 2; P V. line 1: Part V. Section	art IV, Section B. line 1e: Par	C, t V,
	Section D, lines 5, 6, and 8; ar (See instructions.)	Id Part V, Section E, line	es 2, 5, and 6. Als	o complete this par	for any additional inform	ation.	,
0000 10 00 0	,				Caboo	ule A (Form 9	00) 00
2028 12-09-22	:		22		Sched	ule A (FORM 9	3 0) 20

223451 11-15-22

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

	PRESBYTERIAN HOSPITAL FOUNDATION	58-1413074
Organization type (che		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless totaling the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set o

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

PRESBYTERIAN HOSPITAL FOUNDATION

Part I	rt I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$ <u>1,801,000.</u> 	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2		\$1,528,500. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3		- _ \$ <u>1,500,000.</u> -	Person X Payroll Noncash X (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4		\$ <u>1,443,200.</u> 	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5		- _ \$ <u>1,010,000.</u> -	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
6		\$ <u>1,000,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Name of organization

Employer identification number

58-1413074

Schedule B (Form 990) (2022)

14331120 143879 PHF

^{223452 11-15-22}

(c)

Total contributions

\$

Schedule B (Form 990) (2022)

Part I

PRESBYTERIAN HOSPITAL FOUNDATION

(a) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 Person Payroll 750,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 Person Payroll 530,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 Person Payroll 507,200. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 10 Person Payroll 500,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 Person Payroll 500,000. Noncash \$ (Complete Part II for noncash contributions.)

(b)

Name, address, and ZIP + 4

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

223452 11-15-22

14331120 143879 PHF

(a)

No.

Employer identification number

(d)

(d)

(d)

(d)

(d)

(d)

Type of contribution

Person Payroll Noncash X

X

X

X

X

X

1

58-1413074

Hum Description of noncash property given (See instructions.) 3 STOCK s 1,499,92 (a) (b) (c) No. (b) FMV (or estimate) 8 (See instructions.) 8 (See instructions.) 8 (See instructions.) 9 (See instructions.) 9 (See instructions.) 9 (See instructions.) 1 Description of noncash property given 9 (See instructions.) 9 (See instructions.) 1 Description of noncash property given 9 (See instructions.) 9 (See instructions.) 1 (See instructions.) 9 (See instructions.) 1 (See instructions.) 9 (See instructions.) 1 (See instructions.) 2	Part II	Noncash Property (see instructions). Use duplicate copies of Par	rt II if additional space is needed.	
3	No. from		FMV (or estimate)	(d) Date received
(a) (b) (c) Part I Description of noncash property given (c) 8 (c) FMV (or estimate) 8 (c) (c) (a) (c) (c) 8 (c) (c) 9 (c) FMV (or estimate) 9 (c) (c) 9 (c) FMV (or estimate) (a) (b) (c) No. (b) (c) FMV (or estimate) (See instructions.) 9 (c) FMV (or estimate) (a) (b) (c) No. (b) FMV (or estimate) (c) (c) FMV (or estimate) (c) (c) FMV (or estimate) (a) (b) (c) No. (b) (c) Part I (c) FMV (or estimate) (a) (b) (c) No. (b) (c) (a) (b) (c) No. (b) (c) <td>3</td> <td>STOCK</td> <td></td> <td></td>	3	STOCK		
No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) 8			\$1,499,92	<u> </u>
8	No. from		FMV (or estimate)	(d) Date received
(a) (b) (c) Part I Description of noncash property given (c) 9 BLANKETS (c) (a) (c) (c) (a) (c) (c) (a) (c) (c) (a) (b) (c) FMV (or estimate) (c) (b) FMV (or estimate) (c) (c) (a) (b) No. (c) from Description of noncash property given (a) (b) Part I (c) (a) (b) (a) (b) (b) FMV (or estimate) (c) FMV (or estimate) (c) FMV (or estimate) (a) (b) No. (c) from Description of noncash property given (c) FMV (or estima	8	LAND		
No. from Part I (c) Description of noncash property given (c) FMV (or estimate) (See instructions.) 9 BLANKETS s 7,20 (a) No. from Part I (b) Description of noncash property given s 7,20 (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (a) No. from Part I (c) FMV (or estimate) (See instructions.) (a) No. from Part I (c) FMV (or estimate) (See instructions.) (a) No. from Description of noncash property given s (a) No. from Description of noncash property given s			\$530,00	0. 08/22/22
9	No. from		FMV (or estimate)	(d) Date received
(a) (b) (c) From Description of noncash property given (c) Part I (c) FMV (or estimate) (see instructions.) (see instructions.) (a) (b) (c) Part I (c) FMV (or estimate) (a) (b) (c) Part I (c) FMV (or estimate) (a) (b) (c) (b) (c) FMV (or estimate) (c) (c) FMV (or estimate) (a) (b) (c) No. (b) (c) FMV (or estimate) (c) (b) FMV (or estimate) (See instructions.) (c) (See instructions.) (c)	9	BLANKETS		
No. from Part I (c) FMV (or estimate) (See instructions.) (a) No. from Part I (c) FMV (or estimate) (See instructions.) (a) No. from Part I (c) FMV (or estimate) (See instructions.) (a) No. from Part I (c) FMV (or estimate) (See instructions.) (a) No. from Description of noncash property given \$			\$7,20	03/03/22
(a) (b) (c) from Description of noncash property given (c) Part I (c) FMV (or estimate)	No. from		(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) (b) (c) from Description of noncash property given (c) Part I (c) FMV (or estimate)				
No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (a) No. from (b) Description of noncash property given (c) See instructions.)			\$	
(a) No. (b) from Description of noncash property given (c) (c) FMV (or estimate) (See instructions)	No. from		FMV (or estimate)	(d) Date received
(a) No. (b) from Description of noncash property given (c) (c) FMV (or estimate) (See instructions)			(c	
No. (b) (c) from Description of noncash property given FMV (or estimate) (See instructions.)	(a)			
	No. from		FMV (or estimate)	(d) Date received
\$			\$	

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Name of organization

Employer identification number

2022.05000 PRESBYTERIAN HOSPITAL FOU PHF____1

	B (Form 990) (2022)		Page 4					
Name of o	rganization		Employer identification number					
	YTERIAN HOSPITAL FOUNDA		58-1413074					
Part III	from any one contributor. Complete columns (a)) through (e) and the following line en charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year htry. For organizations r less for the year. (Enter this info. once.) \$					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
·		(e) Transfer of gi						
	Transferee's name, address, a		Relationship of transferor to transferee					
(a) No.								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
·	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
223454 11-15	5-22		Schedule B (Form 990) (2022)					

28 2022.05000 presbyterian hospital fou phf____1

Department of the Treasury

(Form	990)
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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 instructions and the latest information.



Internal Revenue Service Name of the organization

Employer identification number

_	PRESBYTERIAN HOSPI			58-1413074
Par			Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advised funds	; (I	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 v	writing that the assets held in do	nor advised fund	S
	are the organization's property, subject to the organization's	exclusive legal control?		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant func	ls can be used or	וy
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other	purpose conferri	ng
				Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Fe	orm 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recrea		ervation of a histo	rically important land area
	Protection of natural habitat	Prese	ervation of a certif	ied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in	the form of a cor	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	- · · · · · · · · · · ·			2b
с	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a			
	historic structure listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, rel			zation during the tax
	year		, 0	č
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the per		ndling of	
	violations, and enforcement of the conservation easements it		-	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
	с, т. с,	0	0	0,
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing	conservation eas	ements during the year
		.		0
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of sec	ction 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			ent and
	balance sheet, and include, if applicable, the text of the footn		•	
	organization's accounting for conservation easements.	5		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasure	s, or Other Si	milar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue sta	atement and bala	nce sheet works
	of art, historical treasures, or other similar assets held for put	lic exhibition, education, or rese	earch in furtheran	ce of public
	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95			sheet works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	,		
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				•
2	If the organization received or held works of art, historical trea			provide
_	the following amounts required to be reported under FASB A		9 , P	
а	Revenue included on Form 990, Part VIII, line 1	-		\$
				•
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2022
	09-01-22			

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Sche		ERIAN HOSPI						58-14	13074	Pa	ige 2
Par	t III Organizations Maintaining C	ollections of Art	t, Histor	ical Tre	asures, or	Other S	Similaı	r Assets	contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check a	ny of the f	ollowing that r	nake sigr	nificant u	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	Lo	an or exc	hange progran	n					
b	Scholarly research	е	0 O	ther							
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explair	n how they	further th	e organization	i's exemp	t purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, histo	orical treas	sures, or other	similar as	ssets		_		_
_	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Par	t IV Escrow and Custodial Arrange		ete if the o	rganizatio	n answered "Y	es" on Fo	orm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par										
1 a	Is the organization an agent, trustee, custodi		-						-		1
	on Form 990, Part X?							L	Yes		No
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:										
								Amount			
	Beginning balance						1c				
	Additions during the year						1d				
-	e Distributions during the year						1e				
f 20	Ending balance Did the organization include an amount on Fo						_ 1f _		Yes		No
	If "Yes," explain the arrangement in Part XIII.					•	۰	L]
Par											<u> </u>
		(a) Current year	(b) Prie		(c) Two years			ears back	(e) Four years back		
1a	Beginning of year balance 40,882,190. 53,985,843. 55,172,066. 52,387,689.										
b	Contributions	8,918,868.		65,283.				32,661.		3,148,509.	
c	Net investment earnings, gains, and losses							-1,058,557.			
	Grants or scholarships	154,419.		.06,361.		118.		, 51,332.			
	Other expenditures for facilities	,		,				,			
	and programs	5,165,344.	26,1	62,472.	7,903,	946.	3,3	77,606.	4,	710,	744.
f	Administrative expenses										102.
g	End of year balance	43,132,618.	40,8	82,190.	53,985,	843.	55,1	72,066.	52,	387,6	589.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, o	column (a)) held as:						
а	Board designated or quasi-endowment	.0000	%								
b	Permanent endowment 100	%									
с	Term endowment .0000	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that a	are held ar	nd administere	d for the			_		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		X
	(ii) Related organizations								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the	<u>u</u>	wment fur	ids.							
Par	t VI Land, Buildings, and Equipm		Destal		5		. 10				
	Complete if the organization answered										
	Description of property	(a) Cost or o		• •	or other	• •	umulate	ed	(d) Book	value	;
		basis (investr	ient)		(other)	depre	eciation		FJU	0.0	<u>, </u>
-	Land			55	0,000.				230	,00	10.
b	Buildings										
	Leasehold improvements			10	0,411.	1	52,24	19	20	,16	52
	Equipment				1,670.	Т.	1,6		50	, 10	0.
-	Other		V a=l						569	,16	
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PRESBYTERIAN HOSPITAL FOUNDATION

Schedule D (Form 990) 2022

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Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 PRESBYTERIAN HOSPITAL FOU	JNDATION	58-1413074 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ments With Revenue	e 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		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements With Expens	es per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	t XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE ENDOWMENT FUNDS ARE HELD FOR AFFILIATED HOSPITAL SERVICE COSTS RELATED

TO VARIOUS CENTERS AT THE ACUTE CARE FACILITIES. ADDITIONAL RESTRICTED

SPENDING ENCOMPASSES SCHOLARSHIP PROGRAMS, EMPLOYEES ASSISTANCE PROGRAM,

MEDICAL STAFF DEVELOPMENT, PATIENT ASSISTANCE AND OTHER PROGRAMS THAT

BENEFIT THE HOSPITAL.

PART X, LINE 2: LIABILITY UNDER FIN 48(ASC 740) FOOTNOTE

THE AUDIT FOR NOVANT HEALTH AND ITS AFFILIATES IS PREPARED ON A

CONSOLIDATED BASIS. THE COMPANY IS REQUIRED TO EVALUATE UNCERTAIN TAX

32

Schedule D (Form 990) 2022

232054 09-01-22

2022.05000 PRESBYTERIAN HOSPITAL FOU PHF____1

	RESBYTERIAN	HOSPITAL	FOUNDATION	58-1413074 Page 5
Part XIII Supplemental Informat	tion _(continued)			
POSITIONS. THIS EVALUA	ATION INCLUE	DES A QUAN	TIFICATION OF	TAX RISK IN AREAS
SUCH AS UNRELATED BUSI	INESS TAXABL	E INCOME	AND THE TAXAT	ION OF OUR
FOR-PROFIT SUBSIDIARIE	S. THIS EVA	LUATION D	ID NOT HAVE A	MATERIAL EFFECT ON
THE COMPANY'S CONSOLIE	DATED STATEM	IENTS OF C	PERATIONS AND	CHANGES IN NET
ASSETS FOR THE YEARS E	ENDED DECEME	<u>BER 31, 20</u>	22 AND 2021.	

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiviti	es	OMB No. 1545-0047
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2022
Department of the Treasury Internal Revenue Service		Attach to Form 990 o				_		Open to Public Inspection
								entification number
	PRESBYT	ERIAN HOSPITAL FOU	NDA	LIOI	1		8-141	
	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17. F	Form 990-E	Z filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	·	Υ ε aiser is to b	
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (or r fur	nount paid etained by) draiser i in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total			·····					
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is exe	mpt from r	egistration

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

Schedule G (Form 990) 2022

232081 10-27-22

PRESBYTERIAN HOSPITAL FOUNDATION

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-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

				(h) [) (c=+ #0	(a) Other success	
1			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
L			HEMBY GOLF	PHYSICIAN'S		(add col. (a) through
			CLASSIC	IMPACT FUND	1	
			(event type)	(event type)	(total number)	col. (c))
	1	Gross receipts	234,368.	122,125.	32,270.	388,763
	2	Less: Contributions	188,793.	115,795.	30,200.	334,788
	3	Gross income (line 1 minus line 2)	45,575.	6,330.	2,070.	53,975
	4	Cash prizes				
	5	Noncash prizes	34,710.			34,710
	6	Rent/facility costs	24,472.	22,842.		47,314
	7	Food and beverages	26,117.	7,721.	19,742.	53,580
	8	Entertainment		11,452.		11,452
	9	Other direct expenses		5,778.	616.	11,823
L	-	Direct expense summary. Add lines 4 throug				158,879
	10					-104,904
_		Net income summary. Subtract line 10 from Gaming. Complete if the organization		900 Part IV line 19 or re		104,904
		\$15,000 on Form 990-EZ, line 6a.	answered res on on	1990, 1 at 10, inte 19, 01 to	sponed more man	
Г		<i>•••••••••••••••••••••••••••••••••••••</i>		(b) Pull tabs/instant		(d) Total gaming (add
			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c
				041-0		(-) 5 (-
┝	1	Gross revenue				
	2	Cash prizes				
	2	Cash prizes				
	3	Noncash prizes				
L						
	4	Rent/facility costs				
	-					
	-	Rent/facility costs Other direct expenses	Yes %	Yes%	Yes %	
	5		Yes%	□ Yes% □ No	Yes % No	
	<u>5</u>	Other direct expenses	No		No	
	5 6 7	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	h 5 in column (d)	No	No	
	<u>5</u>	Other direct expenses Volunteer labor	h 5 in column (d)	No	No	
	5 6 7 8	Other direct expenses	h 5 in column (d)	No	No	
	5 6 7 8 Ent	Other direct expenses	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _	No	No No	
	5 6 7 8 Ent	Other direct expenses	No N	No No states?	No No	Yes N
	5 6 7 8 Ent	Other direct expenses	No N	No No states?	No No	Yes N
	5 6 7 8 Ent	Other direct expenses	No N	No No states?	No No	YesN
	5 6 7 8 Ent Is t If "I	Other direct expenses	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ uctivities in each of these	States?	□ No	
	5 6 7 8 Ent Is t If "I 	Other direct expenses	No N	states?	□ No	
	5 6 7 8 Ent Is t If "I 	Other direct expenses	No N	states?	□ No	

232082 10-27-22

Schedule G (Form 990) 2022

Schedule G (Form 990) 2022	PRESBYTERIAN	HOSPITAL	FOUNDATION	58-1	413074	Page 3
11 Does the organization conduct g	gaming activities with nonme	mbers?			Yes	No
12 Is the organization a grantor, be	neficiary or trustee of a trust,	or a member of a	partnership or other entity	y formed		
to administer charitable gaming	?				Yes	No
13 Indicate the percentage of gamin						
a The organization's facility					13a	%
b An outside facility					13b	%
14 Enter the name and address of t						
Name						
Address						
15a Does the organization have a co	ontract with a third party from	whom the organi	zation receives gaming rev	venue?	Yes	No No
b If "Yes," enter the amount of gain		eorganization	\$	and the amount		
of gaming revenue retained by the						
c If "Yes," enter name and addres	s of the third party:					
Name						
Address						
16 Coming manager information:						
16 Gaming manager information:						
Nama						
Name						
Gaming manager compensation	ı \$					
Gaming manager compensation	۱ \$					
Description of services provided	1					
Director/officer	Employee		ent contractor			
		·				
17 Mandatory distributions:						
a Is the organization required und	er state law to make charitab	le distributions fro	om the gaming proceeds to	0		
retain the state gaming license?					Yes	No No
b Enter the amount of distribution						
organization's own exempt activ		\$				
Part IV Supplemental Info	rmation. Provide the expl	anations required	by Part I, line 2b, columns	s (iii) and (v); and Par	t III, lines 9, 9	9b, 10b,
15b, 15c, 16, and 17b, a	as applicable. Also provide a	ny additional infor	mation. See instructions.			
				0.1. 1		000) 0000
232083 10-27-22		36		Sched	ule G (Form	9 90) 2022

Schedule (G (Forr	n 9	90)	

Schedule G (Form 990) PRESBYTERIAN HOSPITAL FOUNDATION 58-1413074 Page 4 Part IV Supplemental Information (continued) FOUNDATION Supplemental Information (continued)

	eappientertai interna		
232084 04 04	99		Schedule G (Form 990)
232084 04-01-	<i>LL</i>	37	

SCHEDULE I (Form 990)		arants and Oth vernments, ar					OMB No. 1545-0047				
		ete if the organizatio	n answered "Yes"	on Form 990, Pa			ZUZZ Open to Public				
Department of the Treasury Internal Revenue Service	Attach to Form 990. C Go to www.irs.gov/Form990 for the latest information.										
Name of the organization	TERIAN HOSPI'		0				Employer identification number 58-1413074				
Part I General Information on Gr							00 11100/1				
1 Does the organization maintain re-	cords to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	on				
criteria used to award the grants o	or assistance?						X Yes No				
2 Describe in Part IV the organizatio											
Part II Grants and Other Assistant recipient that received more					anization answered "Y	es" on Form 990, Parl	IV, line 21, for any				
1 (a) Name and address of organiza or government		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
CARE RING, INC.											
601 E 5TH STREET, SUITE 140											
CHARLOTTE, NC 28202	56-0621073	501(C)(3)	23,214.	0.			COMMUNITY OUTREACH				
FORSYTH MEMORIAL HOSPITAL, INC 2085 FRONTIS PLAZA BLVD							TO SUPPORT NH FORSYTH				
WINSTON-SALEM, NC 27103	56-0928089	501(C)(3)	19,531.	0.			MEDICAL CENTER				
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	56-6047886	501(C)(3)	20,000.	0.			COMMUNITY OUTREACH				
HOPEWAY FOUNDATION 1717 SHARON ROAD WEST											
CHARLOTTE, NC 28210	46-4510365	501(C)(3)	75,000.	0.			COMMUNITY OUTREACH				
NOVANT MEDICAL GROUP, INC. 2085 FRONTIS PLAZA BLVD WINSTON-SALEM, NC 27103	58-1728803	501(C)(3)	375,574.	0.			TO SUPPORT NH MEDICAL GROUP				
NTH DIMENSIONS 22 N MORGAN ST., STE 113 CHICAGO, IL 60607	27-2884718	501(C)(3)	24,000.	0.			COMMUNITY OUTREACH				
2 Enter total number of section 501	(c)(3) and government or	ganizations listed in th	e line 1 table								
3 Enter total number of other organi	zations listed in the line 1	I table									

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

PRESBYTERIAN HOSPITAL FOUNDATION Schedule I (Form 990)

(a) Nome and address of	(b) CINI		(d) A mount of	(a) Amount of	(f) Mathad of	(a) Description of	(b) Durpage of grant
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESBYTERIAN MEDICAL CARE CORP							
2085 FRONTIS PLAZA BLVD							TO SUPPORT NH MATTHEWS
VINSTON-SALEM, NC 27103	56-1376368	501(C)(3)	167,452.	0.			MEDICAL CENTER
THE PRESBYTERIAN HOSPITAL							TO SUPPORT NH
2085 FRONTIS PLAZA BLVD							PRESBYTERIAN MEDICAL
VINSTON-SALEM, NC 27103	56-0554230	501(C)(3)	5,234,300.	0.			CENTER
VISION TO LEARN							
L1611 SAN VICENTE BLVD #500							
LOS ANGELES, CA 90049	45-3457853	501(C)(3)	40,000.	0.			COMMUNITY OUTREACH
NOVANT HEALTH, INC.							
2085 FRONTIS PLAZA BLVD							TO SUPPORT NH SYSTEM
VINSTON-SALEM, NC 27103	56-1376950	501(C)(3)	67,083.	0.			HOSPITALS
	1	1	1	1		I	

Schedule I (Form 990)

Schedule I (Form 990) 2022

PRESBYTERIAN HOSPITAL FOUNDATION

58-1413074

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
MPLOYEE EMERGENCY FUND	91	39,245.	0.		
IAMMOGRAMS	478	81,537.	0.		
MEDICATION TO INDIGENT PATIENTS	78	0.	19,561.	FMV	MEDICATION FOR INDIGENT PATIENTS
PATIENT ASSISTANCE	37997	116,707.	369,937.	FMV	PATIENT GIFTS AND WELFARE
					CAB FARES FOR INDIGENT
PATIENT TRANSPORTATION	1313	0.	41,815.	FMV	PATIENTS

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

PART I, LINE 2 : PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

THE FILING ORGANIZATION IS PART OF THE INTEGRATED HEALTHCARE SYSTEM

OPERATED BY NOVANT HEALTH, INC. ("NOVANT HEALTH"), THE PARENT ORGANIZATION.

NOVANT HEALTH'S BYLAWS AUTHORIZE IT TO ESTABLISH CERTAIN POLICIES FOR ALL

OF ITS SUBSIDIARIES WITHIN THE SYSTEM. NOVANT HEALTH HAS ESTABLISHED A

SYSTEM-WIDE CORPORATE POLICY WITH STANDARDIZED GUIDELINES THAT ARE TO BE

USED IN REVIEWING THE ELIGIBILITY AND SELECTION OF GRANTEES RECEIVING

CERTAIN EXEMPT PURPOSE FUNDS. THE FILING ORGANIZATION MAINTAINS

Schedule I (Form 990) PRESBYTERIAN HO		58-1413074				
Part III Continuation of Grants and Other Assistance to Domes	tic Individuals	(Schedule I (Form 99	90), Part III.)	1		Page 2
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash a	assistance
SCHOLARSHIPS	26.	121,919.	0.			
		121,515.				

Schedule I (Form 990)

Schedule I (Form 990) PRESI Part IV Supplemental Information	SYTERIAN HOSPITAL FO	UNDATION	58-1413074 Page 2
OCUMENTATION OF THE ELI			
MOUNTS ARE MAINTAINED V	IA THE GENERAL LEDGE	ER. FUNDS ARE GEN	NERALLY NOT
RACKED AFTER BEING GRAN	TED, AS THE ORIGINAL	LELIGIBILITY AND	O SELECTION
CRITERIA HAVE ALREADY BE	EN MET.		
32291 4-01-22			Schedule I (Form 990)
	42	0	0 4 D T M 1 T O T
1120 143879 PHF	2022.0500	U PRESBYTERIAN H	OSPITAL FOU PHF

14

SC	HEDULE J	Compensation Information	I	OMB No. 1	545-004	47				
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	<u> </u>					
•		Compensated Employees		ZU	2022					
Dana	Department of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23.									
	al Revenue Service	a his housing								
Nam	e of the organization	1		identificatio		nber				
		PRESBYTERIAN HOSPITAL FOUNDATION	58-1	141307	4					
Pa	rt I Question	s Regarding Compensation								
					Yes	No				
1a	Check the appropri	ate 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.								
	X First-class or c		nal use							
	X Travel for com	panions Payments for business use of personal re	sidence							
		ation and gross-up payments	S							
	X Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)							
b		on line 1a are checked, did the organization follow a written policy regarding payment or								
	•			<u>1b</u>	X					
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,								
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х					
_										
3		ny, of the following the organization used to establish the compensation of the organization's								
		ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to							
	·	ation of the CEO/Executive Director, but explain in Part III.								
	Compensation									
		ompensation consultant								
	Form 990 of o	ther organizations Approval by the board or compensation of	ommittee							
4	During the year dia	any person listed on Form 000. Dort VII. Section A line 1a with respect to the filing								
4		I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing								
а	organization or a related organization: Receive a severance payment or change-of-control payment?									
b		a severance payment or change-of-control payment?								
					X	x				
Ŭ	c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.									
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.								
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n							
	contingent on the r									
а	-			5a		X				
		ation?				X				
		or 5b, describe in Part III.								
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n							
	contingent on the r	et earnings of:								
а	The organization?	n?								
		nization?								
		or 6b, describe in Part III.								
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	i							
	not described on lir	on lines 5 and 6? If "Yes," describe in Part III								
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th								
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X				
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in								
	Regulations section	1 53.4958-6(c)?	<u></u>	9						
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990)	2022				

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) FRED HARGETT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,092,939.	843,828.	418,897.	18,300.	43,552.	2,417,516.	7,500.
(2) JERRY BARRON MD	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	886,717.	225,960.	29,498.	18,300.	35,284.	1,195,759.	0.
(3) SIDNEY FLETCHER MD	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	535,339.	323,364.	160,653.	102,992.	48,775.	1,171,123.	79,238.
(4) KIMBERLY HENDERSON	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	493,499.	281,252.	136,636.	105,150.	28,299.	1,044,836.	61,348.
(5) JOHN MCDONALD MD	(i)	0.	0.	0.	0.	0.	0.	7,500.
	(ii)	761,308.	18,667.	23,071.	18,300.	35,397.	856,743.	0.
(6) DOROTHY CAULKINS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	350,321.	229,149.	46,582.	75,116.	31,017.	732,185.	0.
(7) TIFFANI JONES MD	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	395,718.	77,211.	182,822.	0.	13,078.	668,829.	7,500.
(8) KATHLEEN SPIZZIRRI	(i)	162,327.	5,362.	495.	1,830.	25,570.	195,584.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JENNIFER CLIFFORD	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	116,761.	6,014.	656.	7,081.	2,663.	133,175.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

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.

PART I, LINE 1A:

FRINGE OR EXPENSE EXPLANATION

FIRST-CLASS OR CHARTER TRAVEL:

FIRST-CLASS OR CHARTER TRAVEL IS NOT A COVERED TRAVEL EXPENSE FOR

EXECUTIVES; THEY ARE LIMITED TO BUSINESS OR COACH CLASS FARES FOR

COMMERCIAL FLIGHTS. HOWEVER, CHARTER TRAVEL IS AVAILABLE TO CERTAIN

EXECUTIVES, BOARD MEMBERS, AND APPROVED BUSINESS PERSONNEL MEETING

APPLICABLE POLICY CRITERIA.

TRAVEL FOR COMPANIONS:

COMPANIONS ARE ALLOWED ON CERTAIN CHARTER FLIGHTS PAID FOR BY THE

ORGANIZATION. IN THAT CASE, THE VALUE OF THE COMPANION'S FLIGHT IS

CALCULATED UNDER APPLICABLE TAX LAWS AND THAT AMOUNT IS INCLUDED IN THE

EXECUTIVE'S TAXABLE INCOME AS PRESCRIBED BY THE APPLICABLE TAX LAWS.

DISCRETIONARY SPENDING ACCOUNT:

CERTAIN EXECUTIVES RECEIVE A DISCRETIONARY SPENDING ACCOUNT. THE DOLLAR

AMOUNT IN THE ACCOUNT IS PRE-APPROVED BY THE COMPENSATION AND LEADERSHIP

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.

COMMITTEE OF THE NOVANT HEALTH BOARD OF TRUSTEES. THE EXECUTIVE MAY DEFER

THE AMOUNT TO A RETIREMENT ACCOUNT OR THE AMOUNT IS TREATED AS COMPENSATION

AND IS SPREAD OUT OVER THE COURSE OF THE YEAR IN THE EXECUTIVE'S PAYCHECKS

AS TAXABLE INCOME.

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE:

WE PROVIDE TEMPORARY HOUSING ALLOWANCES IN CERTAIN EXECUTIVE RECRUITMENT

AND RELOCATION PACKAGES. THE VALUE IS CALCULATED UNDER APPLICABLE TAX LAWS

AND THAT AMOUNT IS INCLUDED IN THE EXECUTIVE'S INCOME AS PRESCRIBED BY THE

APPLICABLE TAX LAWS.

PART I, LINE 3:

THE FILING ORGANIZATION IS AN INTEGRAL PART OF NOVANT HEALTH, AN INTEGRATED

HEALTHCARE SYSTEM AND RELIES UPON NOVANT HEALTH, INC., THE PARENT

ORGANIZATION, TO USE THE PROCESS DESCRIBED IN PART VI, LINE 15A/15B OF THIS

RETURN TO ESTABLISH COMPENSATION FOR CERTAIN EXECUTIVES. THIS PROCESS

ADHERES TO THE REQUIREMENTS SET FORTH TO SECURE THE REBUTTABLE PRESUMPTION

OF REASONABLENESS AND INCLUDES A REVIEW AND APPROVAL BY INDEPENDENT AND

DISINTERESTED MEMBERS OF A COMPENSATION COMMITTEE, CONSULTATION WITH

Schedule J (Form 990) 2022

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.

INDEPENDENT COMPENSATION CONSULTANTS, THE UTILIZATION OF THIRD-PARTY

COMPARABILITY DATA SUCH AS PUBLISHED COMPENSATION SURVEYS, AND

CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION.

PART I, LINE 4A-C: SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS

SEVERANCE	
NONE	
NONQUALIFIED	
SIDNEY FLETCHER \$116,446	
FRED HARGETT \$11,892	
KIMBERLY HENDERSON \$91,918	
TIFFANI JONES \$11,394	
JOHN MCDONALD \$11,949	_
	_
EQUITY-BASED	
NONE	0 - h - h - h - h - h - h - h - h - h -
EQUITY-BASED NONE	Schedule J (Form 990) 202

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.

PART I, LINE 4B SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS:

THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") IS INTENDED TO

SUPPORT RETENTION OF KEY EXECUTIVES, AND TO OFFER COMPETITIVE TOTAL

COMPENSATION. GENERALLY, ANNUAL CONTRIBUTIONS TO THE PLAN OR PAYMENTS

TO PARTICIPANTS WILL BE BASED ON A PERCENTAGE OF THE PARTICIPANT'S BASE

SALARY AS OF JANUARY 1ST OF THE PREVIOUS PLAN YEAR AND ARE REPORTED IN

COLUMN (C) OF SCHEDULE J. PRIOR TO MAKING THE CONTRIBUTIONS OR

PAYMENTS, THE NOVANT HEALTH COMPENSATION AND LEADERSHIP COMMITTEE

("COMMITTEE") WILL APPROVE THE AMOUNTS AS TO REASONABLENESS, WHEN

COMBINED WITH ALL OTHER ANNUAL COMPENSATION. A 3 YEAR CLASS-YEAR

VESTING PERIOD WILL APPLY UP TO AGE 62, WHEN ALL MONEY WOULD BE VESTED

AND PAID OUT TO THE PARTICIPANT. OTHERWISE, VESTING WILL OCCUR ON

JANUARY 1ST OF EACH YEAR FOR THE APPROPRIATE CLASS-YEAR VESTING PERIOD.

THE COMMITTEE REVIEWS, APPROVES, AND OVERSEES ALL ASPECTS AND ALL

ELEMENTS OF EXECUTIVE COMPENSATION AND BENEFITS.

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

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 instructions and the latest information.

Name of the organization

PRESBYTERIAN HOSPITAL FOUNDATION

Employer identification number

58-1413074 Types of Property Part I (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures 2 Art - Fractional interests 3 Х 505.COST Books and publications 4 277,041.COST Х 5 Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 26 1,525,073.FMV Securities - Publicly traded Х 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 530,000.COST Х 1 Real estate - Other 17 18 Collectibles Food inventory 19 Х 2 19,616.COST Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 106,608.COST (FOOD/DRINK Х 7 25 Other 10,500.COST (UTILITY VEHICLE) Х 1 26 Other (GIFT CARDS Х 6 5,244.COST 27 Other 2 4,300.COST х (JEWELRY 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions 0 for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 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 3 years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash х contributions? 32a b If "Yes," describe in Part II.

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

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

Schedule M (Form 990) 2022

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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.

SCHEDULE M, PART I, COLUMN (B):

REPRESENTS NUMBER OF CONTRIBUTIONS

Schedule M (Form 990) 2022

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SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 58 - 1413074

PRESBYTERIAN HOSPITAL FOUNDATION

FORM 990, ITEM C, DOING BUSINESS AS:

NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER FOUNDATION

FORM 990, PI, L1: ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES PRESBYTERIAN HOSPITAL FOUNDATION DOING BUSINESS AS NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER FOUNDATION ("THE FOUNDATION") WAS FORMED TO ACCEPT GIFTS, SEEK GRANTS AND INVEST FUNDS TO SUPPORT THE PRESBYTERIAN HOSPITAL DOING BUSINESS AS NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER DOING BUSINESS AS NOVANT HEALTH HUNTERSVILLE MEDICAL CENTER, AND DOING BUSINESS AS NOVANT HEALTH CHARLOTTE ORTHOPEDIC HOSPITAL, NOVANT HEALTH MINT HILL MEDICAL CENTER AND PRESBYTERIAN MEDICAL CARE CORP. DOING BUSINESS AS NOVANT HEALTH MATTHEWS MEDICAL CENTER AS WELL AS THEIR STRATEGIC PARTNERS PROVIDING HEALTHCARE IN THE COMMUNITY. THE FOUNDATION'S MISSION IS SUPPORTING THE NOVANT HEALTH SYSTEM AND IMPROVING THE HEALTH OF OUR COMMUNITIES, ONE PERSON AT A TIME.

NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER FOUNDATION IS AN INTEGRAL PART OF THE NOVANT HEALTH SYSTEM (COLLECTIVELY KNOWN AS "NOVANT HEALTH"), A NOT-FOR-PROFIT INTEGRATED GROUP OF HOSPITALS, PHYSICIAN CLINICS, OUTPATIENT CENTERS AND OTHER HEALTHCARE SERVICE PROVIDERS. NOVANT HEALTH CONSISTS OF OVER 1,800 PHYSICIANS AND OVER 35,000 TEAM MEMBERS WHO MAKE HEALTHCARE REMARKABLE AT MORE THAN 800 LOCATIONS, INCLUDING 15 MEDICAL CENTERS AND HUNDREDS OF OUTPATIENT FACILITIES AND PHYSICIAN CLINICS. HEADQUARTERED IN WINSTON SALEM, NORTH CAROLINA, NOVANT HEALTH IS COMMITTED TO MAKING HEALTHCARE REMARKABLE FOR PATIENTS LHA FOR Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

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PRESBYTERIAN HOSPITAL FOUNDATION

Employer identification number 58-1413074

AND COMMUNITIES PROVIDING NEARLY SIX MILLION PATIENT VISITS ANNUALLY.

IN 2022, THE NOVANT HEALTH SYSTEM REPORTED \$7.6 BILLION IN REVENUES.

GENERAL INFORMATION

NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER FOUNDATION EXISTS TO RECEIVE AND ADMINISTER CHARITABLE CONTRIBUTIONS PRIMARILY FOR THE BENEFIT OF NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER, HUNTERSVILLE MEDICAL CENTER, MATTHEWS MEDICAL CENTER, MINT HILL MEDICAL CENTER, CHARLOTTE ORTHOPEDIC HOSPITAL, AND HEMBY CHILDREN'S HOSPITAL TO BENEFIT THE COMMUNITIES THEY SERVE. ALL FUNDRAISING EVENTS HAVE MULTIPLE OBJECTIVES: TO RAISE MONEY AND PROVIDE AN AVENUE FOR PEOPLE IN THE COMMUNITY TO SUPPORT THE HOSPITAL. SPECIAL EVENTS OFFER A CONNECTION TO THE FOUNDATION BY PARTICIPATION, INVOLVEMENT AND CREATING OWNERSHIP IN THE COMMUNITY.

NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER FOUNDATION'S BOARD OF TRUSTEES CONSISTS OF COMMUNITY LEADERS AND CITIZENS COMMITTED TO IMPROVING THE LIVES OF OTHERS THROUGH PHILANTHROPY. WORKING TOGETHER, THE FOUNDATION BOARD AND STAFF RECEIVE SUPPORT FROM A VARIETY OF FUNDING SOURCES INCLUDING INDIVIDUALS, CORPORATIONS AND FOUNDATIONS, AS WELL AS THROUGH VARIOUS FUNDRAISING ACTIVITIES.

COMMUNITY OUTREACH

COMMUNITY OUTREACH IS A CRITICAL COMPONENT TO THE MISSION OF NOVANT

HEALTH PRESBYTERIAN MEDICAL CENTER FOUNDATION. THANKS TO THE SUPPORT OF

COUNTLESS INDIVIDUALS, FUNDING SOURCES AND COMMUNITY SUPPORT OF

FUNDRAISING EVENTS, NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER

Schedule O (Form 990) 2022

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2022.05000 PRESBYTERIAN HOSPITAL FOU PHF 1

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Employer identification number $58-1413074$
HARLOTTE, NC
H'S GRANTS
VANT HEALTH
ONS TO
A FEW

2022 TEMPORARY RESTRICTED DONOR FUNDS:

- THANKS TO A GENEROUS GIFT FROM THE MARTIN TRUEX, JR. FOUNDATION, OUR PEDIATRIC ONCOLOGY CLINIC AT HEMBY CHILDREN'S HOSPITAL WILL HAVE A DEDICATED SPACE FOR PEDIATRIC PATIENTS TO RECEIVE INTEGRATIVE THERAPIES. THE SHERRYSTRONG INTEGRATIVE MEDICINE ONCOLOGY CLINIC IS LOCATED IN THE NEW AGNES B. AND EDWARD I. WEISIGER CANCER INSTITUTE AND PROVIDES INTEGRATIVE SERVICES THAT INSPIRE HOPE AND HEALING. THE SHERRY STRONG FUND DIRECTLY SUPPORTED PATIENTS WITH MASSAGE & ACUPUNCTURE THERAPIES AND AROMATHERAPY CLASSES FOR BOTH VIRTUAL AND IN-PERSON PATIENTS.

- THE KIWANIS FUND HAD THE OPPORTUNITY TO SUPPORT PATIENTS THROUGH THE PURCHASE OF CAPITAL EQUIPMENT. SOME OF THE EQUIPMENT WILL BE SUPPORTING ICU PATIENTS FOR NEARLY TEN YEARS. EQUIPMENT INCLUDES ITEMS SUCH AS CAR SEATS, CRANIAL HELMETS, A CUSTOMIZED WRIST SPLINT FOR A PEDIATRIC ONCOLOGY PATIENT, AND ADAPTIVE REHABILITATION STROLLERS FOR SPECIAL NEEDS CHILDREN WITH MOBILITY ISSUES. THESE GRANTS WILL SUPPORT HUNDREDS OF PATIENTS AND FAMILIES.

_	THE	UPWARD	MOBILITY	FUND	ASSISTED	TEAM	MEMBERS	WITH	EDUCATION	ТО
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						53				

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Name of the organization	Employer identification number
PRESBYTERIAN HOSPITAL FOUNDATION	58-1413074

PROGRESS FROM CNA TO RN.

- THE POPULATION HEALTH FUND SUPPORTED PATIENTS IN NEED OF WHEELCHAIR

TRANSPORTATION TO AND FROM DOCTOR'S APPOINTMENTS. THE FUND ALSO

PROVIDED GRANTS FOR PATIENT PRESCRIPTIONS THROUGH A PARTNERSHIP WITH

WALGREENS.

2022 GRANTS:

- OUR CANCER INSTITUTE CONTINUES TO GROW THEIR PATIENT POPULATION WITH THEIR EXCELLENT CARE AND AMAZING SAFETY RATINGS. TO ACCOMMODATE THIS GROWTH, THE NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER TEAM IS BRINGING REVOLUTIONARY TECHNOLOGY IN BREAST CANCER DETECTION TO HUNTERSVILLE AND CENTER CITY CHARLOTTE BY ADDING TWO TRIDENT HD SPECIMEN RADIOGRAPHY SYSTEMS TO THE FACILITIES. THIS ADDITION WILL INCREASE PATIENT SATISFACTION BY PROVIDING ACCESS TO CARE IN THE COMMUNITY, DECREASING PATIENT SURGERY TIME, INCREASING THE QUALITY OF BIOPSY SAMPLES AND IMPROVING THE EFFICIENCY OF BREAST CANCER BIOPSIES.

- OUR HEART AND VASCULAR INSTITUTE & CANCER INSTITUTE TEAMS HAVE SEEN INCREDIBLE GROWTH IN THE PAST YEAR, INCLUDING AN EXPANSION OF SERVICES IN THE MATTHEWS AREA. ENDOSCOPY ULTRASOUND SCOPES AND THE EPIQ 7 ULTRASOUND SYSTEM SOFTWARE INCREASE PATIENT SATISFACTION BY PROVIDING ACCESS TO CARE IN COMMUNITY. THEY OFFER NEW ENDOSCOPY SERVICES TO MATTHEWS, WHICH WILL INCREASE PATIENT VOLUMES AND ELIMINATE PATIENT TRAVEL TO HVI/CI AT NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER. THIS WILL ENHANCE THE PATIENT EXPERIENCE BY PROVIDING REAL-TIME DIAGNOSIS AND ELIMINATING THE NEED FOR MULTIPLE PROCEDURES.

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Name of the organization PRESBYTERIAN HOSPITAL FOUNDATION

- THE NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER NICU IS EXPERIENCING
TREMENDOUS GROWTH. OVER THE PAST FIVE YEARS, THE NEED FOR MEDICAL CARE
FOR KIDS IN OUR COMMUNITY HAS GROWN BY 54%. AT NOVANT HEALTH HEMBY
CHILDREN'S HOSPITAL, IT IS OUR HONOR TO CARE FOR CHILDREN IN OUR
COMMUNITY. THE NICU IS AN ESSENTIAL PART OF THAT CARE. THANKS TO MODERN
MEDICINE, BABIES BORN AS EARLY AS 22 WEEKS GESTATIONAL AGE ARE
SURVIVING AND GOING ON TO BE LEADERS IN OUR COMMUNITIES. THIS IS ONLY
POSSIBLE THANKS TO OUR REMARKABLE TEAM MEMBERS. TO ENSURE MIRACLES
HAPPEN IN OUR NICU EVERY DAY, IT TAKES A DEDICATED TEAM. THIS TEAM
INCLUDES OUR NEONATOLOGISTS, NURSE PRACTITIONERS, SPECIALLY TRAINED
NICU NURSES, CHILD LIFE SPECIALISTS, SOCIAL WORKERS, RESPIRATORY
THERAPISTS, AN ENTIRE REHABILITATION TEAM AND OUR ENVIRONMENTAL
SERVICES TEAM, WHO ENSURES OUR SPACES REMAIN CLEAN AND SAFE. ABOUT 14%
OF ALL BABIES BORN AT NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER WILL
NEED SOME NICU SUPPORT AND THE NOVANT HEALTH PRESBYTERIAN MEDICAL
CENTER NICU IS NOVANT'S ONLY LEVEL IV NICU IN THE SURROUNDING AREA -
RECEIVING TRANSFERS OF THE MOST PREMATURE BABIES FROM OUR OUTLYING
COMMUNITIES. AS OUR CARE OF MICRO-PREEMIES CONTINUES TO EVOLVE, THE
TEAM KNOWS THESE BABIES NEED TO REMAIN IN HUMIDIFICATION FOR 21 DAYS
AND HAS SEEN AN INCREASE IN THE BABIES WHO NEED THIS SUPPORT DUE TO
PARTNERSHIP WITH BOTH DAVIS REGIONAL MEDICAL CENTER AND LAKE NORMAN
REGIONAL MEDICAL CENTER AND INCREASING TRANSFERS OF MICRO-PREEMIES WHO
NEED OUR NICU'S LEVEL OF EXPERT CARE. SIX NEW INFANT HALO BASSINETTES
ARE NEEDED TO ACCOMMODATE THIS GROWTH IN SERVING THE OUTLYING
COMMUNITIES SURROUNDING CHARLOTTE.

- EACH	YEAR,	MORE	PEOPLE	ARE	DIAGNOSED	WITH	CANCER	AND	ARE	RECEIVING
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					5	55				

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Name of the organization PRESBYTERIAN HOSPITAL FOUNDATION	Employer identification number 58-1413074										
RADIATION TREATMENT AS PART OF THEIR CARE PLAN. KNOWING TH	IS, NOVANT										
HEALTH HAS RECENTLY INVESTED SIGNIFICANTLY IN BRINGING TOP	TECHNOLOGY										
TO SERVE OUR PATIENTS AND OUR COMMUNITY. SURFACE GUIDED RA	DIATION										
RADIATION TREATMENT AS PART OF THEIR CARE PLAN. KNOWING THIS, NOVANT HEALTH HAS RECENTLY INVESTED SIGNIFICANTLY IN BRINGING TOP TECHNOLOGY TO SERVE OUR PATIENTS AND OUR COMMUNITY. SURFACE GUIDED RADIATION											
THERAPY ("SGRT") IS BECOMING INCREASINGLY WIDELY USED FOR ACCURATELY MONITORING A PATIENT'S POSITION THROUGHOUT THEIR ENTIRE RADIATION TREATMENT. SGRT MAKES SURE YOU ARE IN THE RIGHT POSITION, WITH HIGH ACCURACY THROUGHOUT THE DURATION OF TREATMENT DELIVERY. IF A PATIENT											
MOVES DURING TREATMENT, THE RADIATION CAN BE AUTOMATICALLY	PAUSED UNTIL										
THE PATIENT IS REPOSITIONED WITHIN TREATMENT PARAMETERS, P	ROVIDING										
SAFER DELIVERY OF RADIATION AND ALLOWING FOR GREATER PATIE	NT CARE										
ACCESS IN OUR OUTLYING COMMUNITIES AS WELL.											

FORM 990, PI, L1: CONTINUED

STATE OF THE ART FACILITIES

NOVANT HEALTH HEMBY CHILDREN'S HOSPITAL IS RAPIDLY GROWING TO MEET THE NEEDS OF OUR COMMUNITY. SINCE 2017, THE DEMAND FOR PEDIATRIC SERVICES, INCLUDING SURGERIES, WELL-VISITS AND EMERGENCY DEPARTMENT TREATMENT, HAS GROWN BY 54% AT NOVANT HEALTH HEMBY CHILDREN'S HOSPITAL. WE ARE HONORED TO BE TRUSTED BY FAMILIES TO CARE FOR THEIR CHILDREN. WITH THAT GREAT HONOR COMES GREAT RESPONSIBILITY - RESPONSIBILITY TO PROVIDE THE SAFEST, KINDEST, AND MOST REMARKABLE CARE WE CAN. WE UNDERSTAND HOW IMPORTANT STATE OF THE ART FACILITIES ARE. NOT ONLY DO THEY IMPACT THE PATIENT'S OVERALL EXPERIENCE, BUT THEY ALSO DETERMINE THE EFFECTIVENESS AND SAFETY OF THE CLINICAL WORKFLOW. IN 2022, WE CONTINUED OUR MULTI-PHASE EXPANSION TO ENSURE NOVANT HEALTH HEMBY CHILDREN'S HOSPITAL IS POISED TO MEET THE GROWING NEEDS OF OUR COMMUNITY AND DELIVER 20210 10-28-22

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Name of the organization	Employer identification number										
PRESBYTERIAN HOSPITAL FOUNDATION	58-1413074										
REMARKABLE CARE THROUGH CLINICAL EFFICIENCY. PHASE ONE OF THE NOVANT											
HEALTH HEMBY CHILDREN'S HOSPITAL EXPANSION IS A \$10.1 MILL	ION EXPANSION										
AND INVOLVES ENHANCED CAPACITY TO CARE FOR PREMATURE BABIE	S AND										
DOUBLING DOWN ON OUR COMMITMENT TO BATTLING CHILDHOOD CANC	ER. PHASE 1A,										
THE NICU EXPANSION OF 12 NEW BAYS, WAS COMPLETED IN NOVEMB	ER 2022.										

COMMUNITY CARE CRUISER

SINCE 2007, NOVANT HEALTH'S COMMUNITY CARE CRUISER HAS BEEN HARD AT WORK IMPROVING CHILDREN'S HEALTH BY PROVIDING ACCESS TO PREVENTATIVE CARE. THE COMMUNITY CARE CRUISER HAS A FULLTIME STAFF, INCLUDING A MEDICAL DIRECTOR, NURSING STAFF AND A SOCIAL WORKER. THIS TEAM HAS PROVIDED OVER 20,000 IMMUNIZATIONS, AND OVER 96% OF THOSE SERVED HAVE BEEN KIDS IN UNDERSERVED COMMUNITIES. MANY FAMILIES IN OUR COMMUNITIES FACE BARRIERS TO CARE FOR THEMSELVES AND THEIR CHILDREN. BARRIERS CAN INCLUDE COST, TRANSPORTATION, AND EVEN CITIZENSHIP. EVERY MONTH, OVER 175 CHILDREN RELY ON THE COMMUNITY CARE CRUISER FOR PREVENTATIVE HEALTH SUPPORT. IN 2022, OUR COMMUNITY CARE CRUISER SOCIAL WORKER MADE OVER 600 REFERRALS TO OUTSIDE SUPPORT AGENCIES FOR FAMILIES IN NEED.

THE UNIVERSITY OF NORTH CAROLINA ("UNC") AT CHAPEL HILL PARTNERSHIP

AT NOVANT HEALTH HEMBY CHILDREN'S HOSPITAL, WE HAVE CLINICIANS WHO NOT ONLY EXCEL IN THE HOSPITAL, BUT WHO ARE INNOVATIVE THINKERS OUTSIDE THE CLINICAL SETTING. RECOGNIZING A GREAT NEED FOR MORE PEDIATRIC ENDOCRINOLOGISTS, OUR TEAM FORMED AN ALLIANCE WITH UNC AT CHAPEL HILL THROUGH OUR PARTNERSHIP WITH THE UNC SCHOOL OF MEDICINE. THROUGH TELEMEDICINE, THE SPECIALIZED TEAM OF PEDIATRIC ENDOCRINOLOGISTS AT UNC 232212 10-28-22

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SEE A PEDIATRIC ENDOCRINOLOGIST CAN - REMOVING THE BARRIER OF

TRANSPORTATION. NOVANT HEALTH HEMBY CHILDREN'S HOSPITAL WILL SOON SEEK

A SIMILAR PARTNERSHIP IN THE AREA OF PEDIATRIC GENETICS - ANOTHER

SPECIALTY AREA EXPERIENCING INCREASING DEMAND.

COMMUNITY BENEFIT REPORT

HTTPS://WWW.NOVANTHEALTH.ORG/ABOUT/COMMUNITY/COMMUNITY-HEALTH-NEEDS/

THE COMMUNITY BENEFIT REPORT, REFERRED TO AS A COMMUNITY IMPACT REPORT, PREPARED BY NOVANT HEALTH IS A SYSTEM-WIDE REPORT THAT INCLUDES QUALITATIVE AND QUANTITATIVE INFORMATION. PLEASE NOTE THAT THE NUMERIC DATA IN THIS REPORT IS NOT BASED UPON THE FORM 990, SCHEDULE H CRITERIA, BUT RATHER IT HAS BEEN PREPARED IN ACCORDANCE WITH THE NORTH CAROLINA HEALTHCARE ASSOCIATION REPORTING GUIDELINES. IT SHOULD NOT BE RELIED UPON AS THE ORGANIZATION'S FORM 990, SCHEDULE H COMMUNITY BENEFIT REPORT, ITS COMMUNITY HEALTH NEEDS ASSESSMENT OR COMMUNITY BENEFIT IMPLEMENTATION STRATEGY. IN THIS REPORT, THE NOVANT HEALTH SYSTEM'S COMMUNITY BENEFIT WAS APPROXIMATELY \$1,566,000,000, INCLUDING \$213,000,000 IN FINANCIAL ASSISTANCE FOR 2022.

FORM 990, PART III, LINE 1: MISSION, VISION AND VALUES

MISSION

NOVANT HEALTH EXISTS TO IMPROVE THE HEALTH OF OUR COMMUNITIES, ONE

PERSON AT A TIME.

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Schedule O (Form 990) 2022

Name of the organization

Employer identification number 58 - 1413074

VISION

WE, THE NOVANT HEALTH TEAM, WILL DELIVER THE MOST REMARKABLE PATIENT

EXPERIENCE, IN EVERY DIMENSION, EVERY TIME.

VALUES

-COMPASSION: WE TREAT OUR CUSTOMERS AND THEIR FAMILIES, STAFF AND OTHER

HEALTHCARE PROVIDERS AS FAMILY MEMBERS WITH KINDNESS, PATIENCE, EMPATHY

AND RESPECT.

-DIVERSITY AND INCLUSION: WE RECOGNIZE THAT EVERY PERSON IS DIFFERENT,

EACH SHAPED BY UNIQUE LIFE EXPERIENCES. THIS ENABLES US TO BETTER

UNDERSTAND EACH OTHER AND OUR CUSTOMERS. BY ENGAGING THE STRENGTHS AND

TALENTS OF EACH TEAM MEMBER, WE ENSURE A STRONG ORGANIZATION CAPABLE OF

PROVIDING REMARKABLE HEALTHCARE TO OUR PATIENTS, FAMILIES AND

COMMUNITIES.

-PERSONAL EXCELLENCE: WE STRIVE TO GROW PERSONALLY AND PROFESSIONALLY

AND APPROACH EACH SERVICE OPPORTUNITY WITH A POSITIVE, FLEXIBLE

ATTITUDE. HONESTY AND PERSONAL INTEGRITY GUIDE ALL WE DO.

-TEAMWORK: THE NEEDS AND EXPECTATIONS OF ANY ONE CUSTOMER ARE GREATER

THAN WHAT ONE PERSON'S SERVICE EFFORTS CAN SATISFY. WE SUPPORT EACH

OTHER SO THAT TOGETHER AS A TEAM, WE CAN BE SUCCESSFUL IN THE EYE OF

THE CUSTOMER AS A QUALITY SERVICE PROVIDER.

-COURAGE: WE ACT BOLDLY IN MAKING THE CHANGES NECESSARY TO ACHIEVE OUR

MISSION, VISION AND PROMISE OF DELIVERING REMARKABLE HEALTHCARE.

-SAFETY: WE EMBRACE A CULTURE IN WHICH "FIRST, DO NO HARM" IS THE

FOUNDATION OF REMARKABLE HEALTHCARE. OUR WORK ENVIRONMENT IS ONE OF

OPEN COMMUNICATION, HIGH-RELIABILITY, AND A RELENTLESS QUEST TOWARD

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ZERO EVENTS OF PREVENTABLE HARM.

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Name of the organization	Employer identification number
PRESBYTERIAN HOSPITAL FOUNDATION	58-1413074
DUR PEOPLE	
VE ARE AN INCLUSIVE TEAM OF PURPOSE-DRIVEN PEOPLE INSPIR	RED AND UNITED
BY OUR PASSION TO CARE FOR EACH OTHER, OUR PATIENTS AND	OUR
COMMUNITIES. WE ALWAYS REMEMBER, OUR BUSINESS IS THE CAP	RE OF ALL
PEOPLE, STARTING WITH OUR TEAM MEMBERS.	
DUR PROMISE	
VE ARE RELENTLESSLY PURSUING REMARKABLE CARE EVERY DAY -	- SO YOU CAN

FORM 990, PART VI, SECTION A, LINE 2: FAMILY AND/OR BUSINESS RELATIONSHIPS

BUSINESS RELATIONSHIP

MICHAEL WILES

CALDWELL ROSE

FORM	1990,	PART	VI,	SE	ECTION	A,	LINE	6:	CLASS	ES OI	F MEMBERS	OF	STOCKHOLI	DERS
THE	CORPOR	RATION	IS	Α	NONPRO	FIT	CORE	PORA	TION	WITH	MEMBERS	(OR	A MEMBER).

FORM 990, PART VI, SECTION A, LINE 7A: ELECTION OF MEMBERS AND THEIR RIGHTS

THE PRESBYTERIAN HOSPITAL, THE SOLE MEMBER OF PRESBYTERIAN HOSPITAL

FOUNDATION, ELECTS A MAJORITY OF THE PRESBYTERIAN HOSPITAL FOUNDATION

TRUSTEES UPON RECOMMENDATION BY THE NOMINATING COMMITTEE.

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Name of the organization **PRESBYTERIAN HOSPITAL FOUNDATION**

58-1413074

FORM 990, PART VI, SECTION B, LINE 11: ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE BOARD HAS DELEGATED REVIEW OF THE FORM 990 TO NOVANT HEALTH'S BOARD OF TRUSTEES' AUDIT AND COMPLIANCE COMMITTEE ("THE COMMITTEE"), WHICH OVERSEES TAX MATTERS FOR ENTITIES IN THE NOVANT HEALTH SYSTEM. THE COMMITTEE IS THE REVIEW BODY FOR ALL OF THE FORM 990S FILED FOR ORGANIZATIONS WITHIN THE NOVANT HEALTH SYSTEM. THE COMMITTEE MEETS BEFORE THE FORM 990S ARE FILED WITH THE IRS AND AFTER ALL BOARD MEMBERS HAVE BEEN PROVIDED A PAPER OR ELECTRONIC COPY OF THE FORM 990 AND A SUMMARY OF ITS CONTENTS. THE VICE PRESIDENT OF TAX AND LEGAL COUNSEL FOR NOVANT HEALTH ATTEND THE MEETING TO ANSWER ANY QUESTIONS AND ADDRESS ANY SIGNIFICANT DISCLOSURES WITHIN THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C: MONITORING AND ENFORCEMENT OF COI THE ORGANIZATION'S TRUSTEE CONFLICT OF INTEREST POLICY APPLIES TO ALL TRUSTEES, PRINCIPAL OFFICERS OR MEMBERS OF A COMMITTEE WITH BOARD DELEGATED POWERS INCLUDING ANY APPLICABLE DISREGARDED ENTITIES. ALL TRUSTEES ARE SENT AN ANNUAL DISCLOSURE QUESTIONNAIRE. THE TRUSTEE ANNUAL DISCLOSURE QUESTIONNAIRES ARE REVIEWED BY THE COMPLIANCE DEPARTMENT. WITH RESPECT TO PARTICULAR TRANSACTIONS THAT COME BEFORE THE BOARD, THE CONFLICT OF INTEREST POLICY WOULD BE FOLLOWED. THE POTENTIAL CONFLICT OF INTEREST WOULD BE DISCLOSED BY THE BOARD MEMBER BEFORE A VOTE ON THE TRANSACTION AND THE REST OF THE BOARD WOULD DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS. IF THE REST OF THE BOARD DETERMINED THAT A CONFLICT OF INTEREST EXISTED THEN THE BOARD MEMBER WITH THE CONFLICT OF INTEREST WOULD NOT PARTICIPATE IN THE Schedule O (Form 990) 2022 232212 10-28-22 61

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FORM 990, PART VI, SECTION B, LINE 15A/15B: THE FILING ORGANIZATION IS AN INTEGRAL PART OF NOVANT HEALTH, AN INTEGRATED HEALTHCARE SYSTEM COLLECTIVELY REFERRED TO AS "NOVANT HEALTH." NOVANT HEALTH, INC. IS THE PARENT ORGANIZATION AND INDEPENDENT AND DISINTERESTED MEMBERS OF THE NOVANT HEALTH, INC. BOARD OF TRUSTEES (WHO COMPRISE THE COMPENSATION AND LEADERSHIP COMMITTEE OF THE BOARD) REVIEW, APPROVE, AND OVERSEE ALL ASPECTS OF COMPENSATION AND BENEFITS FOR CERTAIN LEADERS AND EXECUTIVES ("EXECUTIVES") SERVING AS OFFICERS, INCLUDING THE TOP MANAGEMENT OFFICIAL, OR KEY EMPLOYEES FOR NOVANT HEALTH ENTITIES. THE COMMITTEE WORKS WITH AN INDEPENDENT COMPENSATION CONSULTANT AND USES THIRD PARTY COMPARABILITY DATA FOR FUNCTIONALLY SIMILAR POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS TO ENSURE THAT TOTAL COMPENSATION AND BENEFITS FOR EACH EXECUTIVE IS REASONABLE FOR THAT EXECUTIVE'S POSITION. THE COMMITTEE REVIEWS AND APPROVES EXECUTIVE COMPENSATION AND BENEFITS ANNUALLY, CONSISTENT WITH THE WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY OF NOVANT HEALTH, AND IN A MANNER THAT QUALIFIES FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS, THEREBY ASSURING THAT TOTAL COMPENSATION AND BENEFITS PROVIDED TO EACH EXECUTIVE IS REASONABLE.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS DISCLOSURE THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAINING ALL ORGANIZATIONS IN THE NOVANT HEALTH SYSTEM ARE POSTED TO THE NOVANT HEALTH WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE TO THE PUBLIC.

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Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
PRESBYTERIAN HOSPITAL FOUNDATION	58-1413074

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:AFFILIATE TRANSFERS1,238,284.PLEDGE ADJUSTMENT-6,961,256.TOTAL TO FORM 990, PART XI, LINE 9-5,722,972.

FORM 990, SCHEDULE B, PART I

THE ORGANIZATION IS REPORTING IN THE CURRENT TAX PERIOD THE BALANCE OF

UNPAID PLEDGES RECEIVED BUT NOT PREVIOUSLY REPORTED ON FORM 990 TO

ALIGN WITH ACCRUAL BASIS OF ACCOUNTING. THE ORGANIZATION PREVIOUSLY

REPORTED PLEDGES AS CASH PAYMENTS WERE RECEIVED.

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SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 58 - 1413074

Department of the Treasury Internal Revenue Service

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

Name of the organization

PRESBYTERIAN HOSPITAL FOUNDATION

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
AUXILIARY OF FORSYTH MEMORIAL HOSPITAL -							
56-0862112, 2085 FRONTIS PLAZA BLVD, WINSTON					FORSYTH MEMORIAL		
SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 10	HOSPITAL, INC.		Х
BRUNSWICK NOVANT MEDICAL CENTER FOUNDATION -					BRUNSWICK		
27-4616751, 2085 FRONTIS PLAZA BLVD, WINSTON					COMMUNITY		
SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 7	HOSPITAL, LLC		Х
CAROLINA HEALTHCARE ASSOCIATES, INC					NOVANT HEALTH NEW		
56-2049697, 2085 FRONTIS PLAZA BLVD, WINSTON					HANOVER REGIONAL		
SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	MEDICAL CENTER,		Х
CAROLINA MEDICORP ENTERPRISES, INC							
58-1466368, 2085 FRONTIS PLAZA BLVD, WINSTON	7				NOVANT MEDICAL		
SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 10	GROUP, INC.		Х

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2022

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		g) 512(b)(13) rolled zation? No
COMMUNITY GENERAL HOSPITAL FOUNDATION, INC.					NOVANT HEALTH	103	
- 56-1828629, 2085 FRONTIS PLAZA BLVD,	1				THOMASVILLE		
WINSTON SALEM, NC 27103	- HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 7	MEDICAL CENTER,		x
FORSYTH MEDICAL CENTER FOUNDATION -					,		
56-2120959, 2085 FRONTIS PLAZA BLVD, WINSTON	7				FORSYTH MEMORIAL		
SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 7	HOSPITAL, INC.		х
FORSYTH MEMORIAL HOSPITAL, INC 56-0928089							
2085 FRONTIS PLAZA BLVD	7				NOVANT HEALTH		
WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	TRIAD REGION, LLC		х
FOUNDATION HEALTH SYSTEMS CORP 56-1373175							
2085 FRONTIS PLAZA BLVD	7				NOVANT HEALTH,		
WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 10	INC.		х
MEDICAL PARK HOSPITAL, INC 56-1340424							
2085 FRONTIS PLAZA BLVD	7				NOVANT HEALTH		
WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	TRIAD REGION, LLC		х
NEW HANOVER REGIONAL MEDICAL CENTER					NOVANT HEALTH NEW		
FOUNDATION, INC 56-1752396, 2085 FRONTIS	7				HANOVER REGIONAL		
PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 12A, I	MEDICAL CENTER,		х
NHRMC HOME CARE - 35-2379154							
2085 FRONTIS PLAZA BLVD	7				PENDER MEMORIAL		
WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 10	HOSPITAL, INC.		х
NOVANT HEALTH, INC 56-1376950							
2085 FRONTIS PLAZA BLVD	7						
WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	N/A		х
NOVANT MEDICAL GROUP, INC 58-1728803							
2085 FRONTIS PLAZA BLVD	7						
WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	NMG SERVICES, LLC		х
PENDER MEMORIAL HOSPITAL, INC 56-0653348					NOVANT HEALTH NEW		
2085 FRONTIS PLAZA BLVD	7				HANOVER REGIONAL		
WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	MEDICAL CENTER,		х
PRESBYTERIAN MEDICAL CARE CORPORATION -					NOVANT HEALTH		
56-1376368, 2085 FRONTIS PLAZA BLVD, WINSTON	1				SOUTHERN PIEDMONT		1
SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	REGION, LLC		х
ROWAN REGIONAL MEDICAL CENTER AUXILIARY -				1	NOVANT HEALTH		
23-7022472, 2085 FRONTIS PLAZA BLVD, WINSTON	1				ROWAN MEDICAL		1
SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 10	CENTER, LLC		х

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr organiz	g) 512(b)(13) rolled zation?
ROWAN REGIONAL MEDICAL CENTER FOUNDATION,				301(0)(3))	NOVANT HEALTH	Yes	No
INC 56-1424818, 2085 FRONTIS PLAZA BLVD,	-				ROWANI MEDICAL		
WINSTON SALEM, NC 27103	- HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 7	CENTER, LLC		x
SELF INSURANCE FUND - NOVANT HEALTH, INC	HEADTHCARE	NORTH CAROLINA	501(0)(3)	DINE /	CENTER, DEC		
58-1867242, 2085 FRONTIS PLAZA BLVD, WINSTON	-			LINE 12C,	NOVANT HEALTH,		
SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	III-FI	INC.		х
THE PRESBYTERIAN HOSPITAL - 56-0554230			501(0)(3)		NOVANT HEALTH		<u></u>
2085 FRONTIS PLAZA BLVD	4				SOUTHERN PIEDMONT		
WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	REGION, LLC		х
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Schedule R (Form 990) 2022 PRESBYTERIAN HOSPITAL FOUNDATION

58-1413074 Page 2

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

		· ,									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?			l or Percentage ^{ing} ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	10
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	(e) Type of entity (C corp, S corp,	(f) Share of total income	(g) Share of end-of-year	(h) Percentage ownership	512(b contr	b)(13) rolled
		foreign country)		or trust)		assets			T T
ADEPT HEALTH, INC 56-2226937									
2085 FRONTIS PLAZA BLVD.									
WINSTON SALEM, NC 27103	ADMIN SERVICES	NC	N/A	C CORP	N/A	N/A	N/A		Х
CHOICEHEALTH, INC 56-1896065									
2085 FRONTIS PLAZA BLVD.									
WINSTON SALEM, NC 27103	MANAGED CARE	NC	N/A	C CORP	N/A	N/A	N/A		Х
COMMUNICARE, INC 56-1952950									
2085 FRONTIS PLAZA BLVD.									
WINSTON SALEM, NC 27103	RENTAL REAL ESTATE	NC	N/A	C CORP	N/A	N/A	N/A		Х
KERNERSVILLE MEDICAL CENTER PARK OWNERS'									
ASSOCIATION - 47-1511401, 2085 FRONTIS PLAZA									
BLVD., WINSTON SALEM, NC 27103	RENTAL REAL ESTATE	NC	N/A	C CORP	N/A	N/A	N/A		Х
MEDQUEST, INC. & SUBSIDIARIES - 22-3860764									
3480 PRESTON RIDGE RD., STE 600									
ALPHARETTA, GA 30005	DIAGNOSTIC IMAGING	DE	N/A	C CORP	N/A	N/A	N/A		X

Schedule R (Form 990) 2022

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN	(b) Primary activity	(C) Legal domicile	(d) Direct controlling	(e) Type of entity	(f) Share of total	(g) Share of	(h) Percentage ownership	(Sec 512(1	(i) ction (b)(13) trolled tity?
of related organization		(state or foreign country)	entity	(C corp, S corp, or trust)	income	end-of-year assets	ownership	conti ent	trolled tity? No
SALEM DIAGNOSTICS, INC 56-1513621									
2085 FRONTIS PLAZA BLVD.	1								
WINSTON SALEM, NC 27103	HEALTH RELATED	NC	N/A	C CORP	N/A	N/A	N/A		x
SALEM HEALTH SERVICES, INC 56-1342654									<u> </u>
2085 FRONTIS PLAZA BLVD.	1								
WINSTON SALEM, NC 27103	HEALTH RELATED	NC	N/A	C CORP	N/A	N/A	N/A		x
THE PARK AT MONROE PROPERTY OWNERS			·						-
ASSOCIATION, INC 46-3910256, 2085 FRONTIS	-								
PLAZA BLVD., WINSTON SALEM, NC 27103	RENTAL REAL ESTATE	NC	N/A	C CORP	N/A	N/A	N/A		x
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Schedule R (Form 990) 2022 PRESBYTERIAN HOSPITAL FOUNDATION

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		100	
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		x
	Gift, grant, or capital contribution to related organization(s)	1b	x	
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d	<u> </u>	x
	Loans or loan guarantees by related organization(s)	1e		X
Ŭ				
f	Dividends from related organization(s)	1f		x
	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		x
	Exchange of assets with related organization(s)	1i		X
÷	Lease of facilities, equipment, or other assets to related organization(s)			X
,		- '		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		x
	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p	X	
	Reimbursement paid by related organization(s) for expenses	1a		X
- 1				
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s	X	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			

_	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<u>(1)</u>				
(2)				
<u>(</u> 3)				
<u>(</u> 4)				
<u>(</u> 5)				
<u>(6)</u>				

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Schedule R (Form 990) 2022 PRESBYTERIAN HOSPITAL FOUNDATION

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.?	(g) Share of end-of-year assets	(h) Dispro tiona allocatio) por- ite ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner?	(k) Percentage ownership
			3000013 012 014)	Yes No		Yes	NO		Yes No	

Schedule R (Form 990) 2022

PRESBYTERIAN HOSPITAL FOUNDATION 58-1413074 Page 5 Schedule R (Form 990) 2022

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

CAROLINA HEALTHCARE ASSOCIATES, INC.

DIRECT CONTROLLING ENTITY: NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL

CENTER, LLC

NAME OF RELATED ORGANIZATION:

COMMUNITY GENERAL HOSPITAL FOUNDATION, INC.

DIRECT CONTROLLING ENTITY: NOVANT HEALTH THOMASVILLE MEDICAL CENTER, LLC

NAME OF RELATED ORGANIZATION:

NEW HANOVER REGIONAL MEDICAL CENTER FOUNDATION, INC.

DIRECT CONTROLLING ENTITY: NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL

CENTER, LLC

NAME OF RELATED ORGANIZATION:

PENDER MEMORIAL HOSPITAL, INC.

DIRECT CONTROLLING ENTITY: NOVANT HEALTH NEW HANOVER REGIONAL MEDICAL

CENTER, LLC

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