** 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)

Department of the Treasury Internal Revenue Service

▶ 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.

| A F | For the | e 2018 calendar year, or tax year beginning and | ending | | | | |
|---------------|-----------------------|---|---------------|-------------------------------------|-------------------------------|--|--|
| | Check if applicabl | C Name of organization | | D Employer identifie | cation number | | |
| | Addre chang | ISLAND HOSPITAL FOUNDATION | | | | | |
| | Name chang | | | 91-1 | 030686 | | |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone number | | | |
| | Final return | 1211 2/04 200660 | | (360 | | | |
| | termin ated | City or town, state or province, country, and ZIP or foreign postal code | • | G Gross receipts \$ | 1,521,849. | | |
| | Ameno return | ANACORTES, WA 98221 | | H(a) Is this a group re | eturn | | |
| | Application | F Name and address of principal officer: DIANNE ROHN, FREST | DENT | for subordinates | ? Yes X No | | |
| | pendir | SAME AS C ABOVE | | H(b) Are all subordinates in | cluded? Yes No | | |
| | | empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) | or 527 | If "No," attach a | list. (see instructions) | | |
| | | e: WWW.ISLANDHOSPITALFOUNDATION.ORG | | H(c) Group exemptio | | | |
| | | organization: X Corporation Trust Association Other | L Year | of formation: 1978 N | N State of legal domicile; WA | | |
| Pa | art I | Summary | | | | | |
| Ф | 1 | Briefly describe the organization's mission or most significant activities: TO R | | | PORT ISLAND | | |
| auc | | HOSPITAL AND ITS COMMITMENT TO COMMUNITY | | | | | |
| Governance | 2 | Check this box if the organization discontinued its operations or dispo | | 1 - 1 | | | |
| ું | 3 | | | 3 | | | |
| | 1 - | Number of independent voting members of the governing body (Part VI, line 1b) | | | 0 | | |
| Activities & | | Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) | | | 65 | | |
| ξį | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. | | |
| Ā | | Net unrelated business taxable income from Form 990-T, line 38 | | | 0. | | |
| | | Tot unionated business taxable meetine norm of the open time see 1, into see 1, into see 1 | | Prior Year | Current Year | | |
| 4 | 8 | Contributions and grants (Part VIII, line 1h) | | 1,281,214. | 1,261,108. | | |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | 0. | 0. | | |
| eve | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 142,834. | 110,954. | | |
| č | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | -75,480. | -43,926. | | |
| | 1 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 1,348,568. | 1,328,136. | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 1,086,192. | 963,122. | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. | | |
| S | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 31,947. | 46,515. | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | |
| × | b | Total fundraising expenses (Part IX, column (D), line 25) 7,8 | | 0.5.05.5 | 60 500 | | |
| ш | '' | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 97,077. | 68,503. | | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 1,215,216. | 1,078,140. | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 133,352. | 249,996. | | |
| Net Assets or | | Total accords (Doubly Eco. 40) | Ве | ginning of Current Year 2,909,989. | End of Year 2,931,028. | | |
| SSE | 20 | Total assets (Part X, line 16) | | 2,545. | 61,138. | | |
| let / | 21 22 | Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 | | 2,907,444. | 2,869,890. | | |
| Pa | art II | Signature Block | | 2,507,444. | 2,003,030. | | |
| | | Ities of perjury, I declare that I have examined this return, including accompanying schedule | s and stateme | ents, and to the best of my | knowledge and belief, it is | | |
| | | t, and complete. Declaration of preparer (other than officer) is based on all information of w | | | , | | |
| | , | | | | | | |
| Sig | n | Signature of officer | | Date | | | |
| Her | | DESHA FURIN, TREASURER | | | | | |
| | | Type or print name and title | | | | | |
| | | Print/Type preparer's name Preparer's signature | l l | Date Check C | PTIN | | |
| Paid | i | TERRI REXRODE CPA, MST TERRI REXRODE C | PA, M 1 | .1/15/19 self-employ | | | |
| - | parer | Firm's name WIPFLI LLP | | Firm's EIN ▶ | 39-0758449 | | |
| Use | Only | Firm's address PO BOX 12237 | | | 0 660 0016 | | |
| _ | | GREEN BAY, WI 54307-2237 | | Phone no. 92 | 0.662.0016 | | |
| May | / the IF | RS discuss this return with the preparer shown above? (see instructions) | | | X Yes No | | |

| Га | Obselvit Ochselvia O contains a vegrane annota to any line in this Deut III | X |
|----|--|----------------|
| _ | Check if Schedule O contains a response or note to any line in this Part III | |
| 1 | Briefly describe the organization's mission: | |
| | THE MISSION OF THE FOUNDATION IS TO RAISE FUNDS TO SUPPORT ISLAND | |
| | HOSPITAL AND ITS COMMITMENT TO COMMUNITY HEALTH IN AND AROUND | |
| | ANACORTES, WASHINGTON | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | - |
| | prior Form 990 or 990-EZ? | <u>.</u> No |
| | If "Yes," describe these new services on Schedule O. | _ |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 🗵 | _ No |
| | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and | |
| | revenue, if any, for each program service reported. | |
| 4a | (Code:) (Expenses \$1,011,020. including grants of \$963,122.) (Revenue \$ |) |
| | SINCE 1962, ISLAND HOSPITAL HAS PROVIDED HIGH QUALITY, COMPASSIONATE | |
| | AND PERSONALIZED HEALTH CARE TO OUR COMMUNITY. ISLAND HOSPITAL | |
| | MAINTAINS A PROGRESSIVE STAND IN DELIVERING THE BEST HEALTH CARE | |
| | EXPERIENCES FOR PATIENTS AND THEIR FAMILIES BY PLACING THEIR EMOTIONAL | |
| | AND MEDICAL NEEDS FIRST AND FOREMOST. ISLAND HOSPITAL FOUNDATION | |
| | SUPPORTS ISLAND HOSPITAL'S VITAL MISSION BY RAISING MUCH-NEEDED FUNDS | |
| | FOR THE BENEFIT OF COMMUNITY HEALTH. FOUNDED IN 1978, THE FOUNDATION | |
| | IS AN INDEPENDENT, NONPROFIT CORPORATION HEADED BY A 21-MEMBER | |
| | VOLUNTEER BOARD OF DIRECTORS. THESE DEDICATED COMMUNITY AND BUSINESS | |
| | LEADERS GENEROUSLY DONATE THEIR TIME, TALENTS, AND ENERGY TO DIRECT TH | E |
| | FOUNDATION'S POLICIES, PROVIDE FIDUCIARY OVERSIGHT, IMPLEMENT THE | |
| | ANNUAL FUNDRAISING PLAN AND TO SECURE ITS FINANCIAL FUTURE THROUGH | |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$ | |
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| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$ | — ⁾ |
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| 4d | Other program services (Describe in Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$) | |
| 4e | Total program service expenses ► 1,011,020. | |

Form 990 (2018) ISLAND 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? | 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 Revenue Procedure 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 | | | l |
| | 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, | | | l |
| | 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 temporarily restricted endowments, permanent | | | |
| | endowments, or 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 | | | ٦, |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | , | | | 1 37 |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| 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 | l | | ₩ |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| e | 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 | | v | |
| 40- | 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 | 40- | | x |
| | Schedule D, Parts XI and XII | 12a | | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | 106 | | X |
| 12 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 12b 13 | | X |
| 13 14a | | 14a | | X |
| _ | Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | 140 | | |
| b | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | x |
| 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 | 145 | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | x |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | <u>. </u> | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| - | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." | | | |
| - | complete Schedule G, Part III | 19 | | х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| b | 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 | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II | 21 | Х | <u>L</u> |
| | | | | |

Form 990 (2018) ISLAND HOSPITAL FOUNDATION
Part IV Checklist of Required Schedules (continued)

| | | | 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 | X | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | 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 | | | |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| | 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 | | | |
| | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | 37 |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | 37 |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | v |
| | complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | х |
| 00 | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | ^ |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| _ | instructions for applicable filing thresholds, conditions, and exceptions): | 28a | | Х |
| | A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> | 28b | | X |
| | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | 200 | | - 22 |
| C | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | х |
| 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 | | | |
| 00 | contributions? If "Yes," complete Schedule M | 30 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | " | | |
| ٠. | 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? <i>If</i> "Yes," <i>complete</i> | | | |
| | Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | X | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| P- | Note. All Form 990 filers are required to complete Schedule O | 38 | X | |
| Par | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | l 1 - | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | 000 | <u> </u> |

Form 990 (2018) ISLAND HOSPITAL FOUNDATION Part 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 | 0 | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | , | | | | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | - 1 | | | | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | • | | | <u>X</u> | | | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | . 3b | + | \dashv | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | ١. | | | v | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | . 4a | 1 | | X | | | |
| D | If "Yes," enter the name of the foreign country: | - | | | | | | |
| 5a | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | | Х | | | |
| b | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | | X | | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | | | | | |
| | 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). | | | | | | | |
| а | 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 | ? 7 a | ı | Х | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | . 7t | , | Х | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | | | | | |
| | to file Form 8282? | 70 | : | | X | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | | | | | |
| е | 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? | | | \dashv | X | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | - | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 71 | 1 | | | | | |
| 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? | | | | | | | | |
| 9 | | | | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 98 | | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | . — | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | |
| а | 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? | 12 | a | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | - | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 40 | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | . 13 | а | | | | | |
| h | Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | |
| b | organization is licensed to issue qualified health plans | | | | | | | |
| С | Enter the amount of reserves on hand 13c | | | | | | | |
| 14a | | 14 | a | | Х | | | |
| | b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | . 14 | | | | | | |
| | excess parachute payment(s) during the year? | 15 | | | Х | | | |
| | If "Yes," see 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 | <u>i </u> | | X | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | | |

ISLAND HOSPITAL FOUNDATION Form 990 (2018) Page 6 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 in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI

| Sec | tion A. Governing Body and Management | | | | | | |
|---|--|------------|-----------------------|----------|---------|----------|--|
| | | | | | Yes | No | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 19 | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1 b | 19 | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | o with a | any other | | | | |
| | 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, or trustees, or key employees to a management company or other person? \dots | | | 3_ | | <u>X</u> | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 9 | 990 wa | s filed? | 4 | | <u>X</u> | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | sets? | | 5 | | <u>X</u> | |
| 6 | Did the organization have members or stockholders? | | | 6 | | <u>X</u> | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr | | | | | 77 | |
| | more members of the governing body? | | | 7a_ | | <u> </u> | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, so | | • | | | 37 | |
| _ | persons other than the governing body? | | | 7b | | <u> </u> | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | - | - | 0.5 | v | | |
| a | The governing body? | | | 8a | X | | |
| р 9 | Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea | | | 8b | Λ | | |
| 9 | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | 9 | | Х | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | | | <u> </u> | | | |
| | (mis Section B requests information about policies not required by the internal ne | venue | Code.) | | Yes | No | |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | X | |
| | 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 | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing bod | y befor | e filing the form? | 11a | | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | to con | licts? | 12b | Х | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | Yes," d | escribe | | | | |
| | in Schedule O how this was done | | | 12c | Х | | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | Х | | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | Х | | |
| 15 | Did the process for determining compensation of the following persons include a review and approva | al by ind | dependent | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | v | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | | <u>x</u> | |
| b | Other officers or key employees of the organization | | | 15b | | | |
| 16~ | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | nont | ith o | | | | |
| ıoa | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger | | | 16a | | X | |
| h | taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluar | | | 104 | | | |
| D | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | - | - | | | | |
| | exempt status with respect to such arrangements? | | | 16b | | | |
| Sec | tion C. Disclosure | | | 10.0 | ' | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ NONE | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an | nd 990- | T (Section 501(c)(3)s | only) a | availab | le | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | |
| | Own website Another's website X Upon request Other (explain | n in Scl | nedule O) | | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, con | nflict of | interest policy, and | financ | al | | |
| | statements available to the public during the tax year. | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's boo | oks and | records | | | | |
| | CINDY ANDERSON - (360) 299-1300 | | | | | | |
| | 1211 24TH STREET, ANACORTES, WA 98221 | | | | | | |

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

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

| Check this box if neither the organization | | orga T | niza | | | nper | sat | | | |
|--|-------------------|---|-----------------------|------------|--------------|---------------------------------|--------|----------------------|------------------------------|-----------------|
| (A) | (B) | (C) Position | | (D) | (E) | (F) | | | | |
| Name and Title | Average | (do not check more than one box, unless person is both an | | Reportable | Reportable | Estimated | | | | |
| | hours per week | | | | | s both or/trus | | compensation from | compensation from related | amount of other |
| | (list any | tor | | | | | | the | organizations | compensation |
| | hours for | r director | | | | pe: | | organization | (W-2/1099-MISC) | from the |
| | related | stee o | rustee | | | ensat | | (W-2/1099-MISC) | | organization |
| | organizations | al trus | onal tr | | loyee | comp | | | | and related |
| | below line) | Individual trustee or | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) MEREDITH MACHIN | 3.00 | u | 드 | 10 | 3 | 를 등 | Fc | | | |
| PRESIDENT | 3.00 | х | | Х | | | | 0. | 0. | 0. |
| (2) DIANNE KUHN | 3.00 | | | | | | | | | <u> </u> |
| VICE PRESIDENT | | Х | | Х | | | | 0. | 0. | 0. |
| (3) CHUCK FLAGG | 3.00 | | | | | | | | | |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (4) DESHA FURIN | 3.00 | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (5) NICOLE COLEMAN | 1.00 | | | | | | | | _ | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (6) LAURA BROWN-SNIDER | 1.00 | | | | | | | | _ | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (7) KATHLEEN GARDE MD | 1.00 | | | | | | | | | |
| DIRECTOR | 39.00 | Х | | | | | | 0. | | |
| (8) JAMIE CROMACK | 1.00 | | | | | | | | _ | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (9) FRANK JERETZKY | 1.00 | 1 | | | | | | | | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (10) BRIAN HAYES | 1.00 | ļ | | | | | | | | |
| DIRECTOR | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (11) TROY KUNZ | 1.00 | ., | | | | | | | _ | • |
| DIRECTOR | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (12) KRISTA OICLES | 1.00 | v | | | | | | 0. | 0. | 0. |
| DIRECTOR (13) JENNIFER MANN | 1.00 | Х | | | | | | 0. | 0. | 0. |
| DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0. |
| (14) DON SCHMUDE | 1.00 | Λ | | | | | | 0. | 0. | 0. |
| DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0. |
| (15) MARILYN STADLER | 1.00 | 22 | | | | | | • | . | 0. |
| DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0. |
| (16) JAMES TANGARO | 1.00 | | | | | | | · · | • | • |
| DIRECTOR | | х | | | | | | 0. | 0. | 0. |
| (17) SHIRLEY VACANTI RN BSN | 1.00 | <u> </u> | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |

Form **990** (2018)

| Form 990 (2018) ISLAND HO | SPITAL | FC | UU | IDA | ΙΤ | ON | <u> </u> | | 91-1 | <u>030</u> | 686 | Pa | age 8 |
|--|--|--------------------------------|-----------------------|---------------------------------|----------------|------------------------------|----------|--|--|-------------------|----------------|--|-----------------|
| Part VII Section A. Officers, Directors, Trus | tees, Key Em | ploy | ees, | and | d Hig | ghe | st C | ompensated Employee | s (continued) | | | | |
| (A) Name and title | (B) Average hours per week | box | not c | Pos heck ss per nd a d | more rson i | than | h an | (D) Reportable compensation from | (E) Reportable compensation from related | on | | (F) stimate nount other | |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | | f org an | ipensa rom the janizat d relate anizatie | e ion ed |
| (18) GINA WALSH | 1.00 | | | | _ | " | | _ | | | | | |
| DIRECTOR | 1 00 | Х | | | | _ | | 0. | | 0. | | | 0. |
| (19) JEREMY MCNETT DIRECTOR | 1.00 | x | | | | | | 0. | | 0. | | | 0. |
| (20) JEANNETTE PAPADAKIS | 40.00 | <u> </u> | | | | | | | | <u> </u> | | | <u> </u> |
| FOUNDATION DIRECTOR | | | | Х | | | | 0. | 77,6 | 10. | | 7,3 | 57. |
| | | 1 | | | | | | | | | | | |
| | | | | | | | | | | \longrightarrow | | | |
| | | 1 | | | | | | | | | | | |
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| | | 1 | | | | | | | | | | | |
| - | | | | | | | | | | \dashv | | | |
| | | 1 | | | | | | | | | | | |
| 1b Sub-total | | | | | | | | 0. | | | | | |
| c Total from continuation sheets to Part VI | | | | | | | | 0. | | 0. | | | 0. |
| d Total (add lines 1b and 1c) | | | | | | ····· | <u> </u> | 0. | | | | | |
| Total number of individuals (including but no compensation from the organization | ot limited to th | iose | liste | ed an | oove | e) wr | no re | eceived more than \$100, | UUU of reportable | | | Yes | 0 N o |
| 3 Did the organization list any former officer, | director, or tru | uste | e, ke | y en | nplo | yee, | , or l | highest compensated er | nployee on | ſ | | | |
| line 1a? If "Yes," complete Schedule J for se | | | | | | | | | | | 3 | X | |
| 4 For any individual listed on line 1a, is the su | = | | - | | | | | • | - | | 4 | Х | |
| and related organizations greater than \$150Did any person listed on line 1a receive or a | | | | | | | | | | ····· | 4 | 25 | |
| rendered to the organization? If "Yes," com | | | | | - | | | | | | 5 | | Х |
| Section B. Independent Contractors | • | | | | | | | | | | | | |
| 1 Complete this table for your five highest con | = | - | | | | | | | | pensat | ion fr | om | |
| the organization. Report compensation for t | ne calendar ye | ear e | endir | ng w | ith c | or wi | ithin | the organization's tax y (B) | ear. | | | C) | |
| Name and business | address | NO | ONE | 3 | | | | Description of s | ervices | С | | nsatio | า |
| | | | | | | | | | | | | | |
| | | | | | | | \dashv | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 Total number of independent contractors (in | ncluding but n | ot lir | nited | d to | thos | se lis | sted | above) who received mo | ore than | | | | |
| \$100,000 of compensation from the organization | • | | | | (| | | • | | | | | |

| | | Check if Schedule O conta | aine a reenonee | or note to any lin | e in this Part VIII | | | |
|--|------------|---|-------------------|---------------------|---------------------|-------------------------|---------------------|------------------------------------|
| | | Official in Confidence of Confidence | ano a respense | or riote to arry in | (A) | (B) | (C) | _ (D) |
| | | | | | Total revenue | Related or | Unrelated | Revenuè excluded from tax under |
| | | | | | | exempt function revenue | business revenue | sections 512 - 514 |
| 40.11 | _ | | T ₄ T | | | Tevende | TOVORIGO | 312 - 314 |
| nts | | Federated campaigns | | | | | | |
| Gra | | Membership dues | | 177 166 | | | | |
| s, (An | | Fundraising events | | 477,166. | | | | |
| ar Figure | d | Related organizations | 1d | | | | | |
| ini | е | Government grants (contributi | ions) 1e | | | | | |
| r S | f | All other contributions, gifts, grant | ts, and | | | | | |
| but | | similar amounts not included above | ve 1f | 783,942. | | | | |
| Ē | q | Noncash contributions included in lines | | 65,582. | | | | |
| Sor | _ | Total. Add lines 1a-1f | | | 1,261,108. | | | |
| <u> </u> | | Totally lad lines fa 11 | | Business Code | | | | |
| _ | 2 a | | | Business Code | | | | |
| ice | | | | | | | | |
| er v | b | - | | | | | | |
| n S | С | | | | | | | |
| ran Sev | d | | | | | | | |
| F | е | | | | | | | |
| <u>م</u> | f | All other program service reve | nue | | | | | |
| | g | Total. Add lines 2a-2f | | | | | | |
| | 3 | Investment income (including | dividends, intere | est, and | | | | |
| | | other similar amounts) | | > | 55,519. | | | 55,519. |
| | 4 | Income from investment of tax | | | | | | |
| | 5 | Royalties | | | | | | |
| | _ | , | (i) Real | (ii) Personal | | | | |
| | 6 2 | Gross rents | (i) Hoar | (ii) i croonar | | | | |
| | | | | | | | | |
| | | Less: rental expenses | | | | | | |
| | | Rental income or (loss) | | | | | | |
| | | · | | | | | | |
| | 7 a | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | | assets other than inventory | 80,296. | | | | | |
| | b | Less: cost or other basis | | | | | | |
| | | and sales expenses | 24,861. | | | | | |
| | С | Gain or (loss) | 55,435. | | | | | |
| | d | Net gain or (loss) | | | 55,435. | | | 55,435. |
| | | Gross income from fundraising | | | | | | |
| Jue | | including \$ 477,1 | 66. of | | | | | |
| Ne l | | contributions reported on line | | | | | | |
| Other Revenue Contributions, Gifts, Gran Revenue and Other Similar Amoun | | Part IV, line 18 | | 124,926. | | | | |
| Je | h | Less: direct expenses | | 168,852. | | | | |
| ₹ | | | | | -43,926. | | | -43,926. |
| | | Net income or (loss) from fund | · · | ····· | 1 3,340• | | | - 3,340. |
| | у а | Gross income from gaming ac | | | | | | |
| | | Part IV, line 19 | | | | | | |
| | | Less: direct expenses | | | | | | |
| | | Net income or (loss) from gam | | | | | | |
| | 10 a | Gross sales of inventory, less | | | | | | |
| | | and allowances | a | | | | | |
| | b | Less: cost of goods sold | | | | | | |
| | | Net income or (loss) from sales | | > | | | | |
| Ī | | Miscellaneous Revenue | | Business Code | | | | |
| | | | | | | | | |
| Ì | 11 a | | | | | | | 1 |
| | | | | | | l | | |
| - | b | | | | | | | |
| - | b c | | | | | | | |
| - | b d | | | | | | | |

Form 990 (2018) Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| | Check if Schedule O contains a respons | se or note to any line in | | | |
|----|--|---------------------------|------------------------------|---|---------------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | 949,799. | 949,799. | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | 13,323. | 13,323. | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 46,515. | 31,868. | 14,647. | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| С | Accounting | 11,200. | | 11,200. | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 16,308. | | 16,308. | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A) amount, list line 11g expenses on Sch O.) | | | | |
| 12 | Advertising and promotion | 30. | 30. | | |
| 13 | Office expenses | 32,572. | 15,579. | 10,641. | 6,352. |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 1,500. | | | 1,500. |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| a | | | | | |
| b | | | | | |
| С. | | | | | |
| d | | 6 002 | 101 | <i>C</i> | 20 |
| | All other expenses | 6,893. | 421. | 6,452. | 20. |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,078,140. | 1,011,020. | 59,248. | 7,872. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | 1 | | İ |

Form 990 (2018)
Part X | Balance Sheet

| Par | t X | Balance Sheet | <u> </u> | | | |
|-----------------------------|-----|--|---------------------------------------|---------------------------------|-----------|---------------------------|
| | | Check if Schedule O contains a response or not | e to any line in this Part X | | | |
| | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | 269,611. | 1 | 455,099. |
| | 2 | Savings and temporary cash investments | | 16,916. | 2 | 119,693. |
| | 3 | Pledges and grants receivable, net | | 2,000. | 3 | 6,110. |
| | 4 | Accounts receivable, net | 68,879. | 4 | | |
| | 5 | Loans and other receivables from current and fo | | · | | |
| | _ | trustees, key employees, and highest compensa | , , , , , , , , , , , , , , , , , , , | | | |
| | | Part II of Schedule L | | | 5 | |
| | 6 | Loans and other receivables from other disquali | | | | |
| | Ū | section 4958(f)(1)), persons described in section | | | | |
| | | employers and sponsoring organizations of sect | | | | |
| , | | employees' beneficiary organizations (see instr). | · | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | 7 | |
| Ass | 8 | Inventories for sale or use | | | 8 | |
| | 9 | | | 500. | 9 | 1,500 |
| | | Land, buildings, and equipment: cost or other | | 300. | 9 | 1/300 |
| | ioa | basis. Complete Part VI of Schedule D | 103 | | | |
| | h | Less: accumulated depreciation | | | 10c | |
| | 11 | Investments - publicly traded securities | | 2,552,083. | 11 | 2,348,626. |
| | 12 | Investments - other securities. See Part IV, line 1 | 2,002,0001 | 12 | 2,010,010 | |
| | 13 | Investments - program-related. See Part IV, line | | 13 | | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | | 2,909,989. | 16 | 2,931,028 |
| 7 | 17 | Accounts payable and accrued expenses | | 2,545. | 17 | 61,138 |
| | 18 | Grants payable | | , | 18 | , |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete | | | 21 | |
| , | 22 | Loans and other payables to current and former | | | | |
| ţį | | key employees, highest compensated employee | | | | |
| Liabilities | | | | | 22 | |
| Ë | 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 | | | | |
| | | 0 1 1 1 5 | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | 2,545. | 26 | 61,138. |
| | | Organizations that follow SFAS 117 (ASC 958 | | | | |
| S | | complete lines 27 through 29, and lines 33 an | | | | |
| ၁၉ | 27 | Unrestricted net assets | | 2,464,517. | 27 | 2,246,306. |
| aga | 28 | Temporarily restricted net assets | | 241,927. | 28 | 422,584. |
| 9 B | 29 | B | | 201,000. | 29 | 201,000. |
| ַ בַּ | | Organizations that do not follow SFAS 117 (A | SC 958), check here ▶ | | | |
| <u>.</u> | | and complete lines 30 through 34. | | | | |
| ts | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| SS | 31 | Paid-in or capital surplus, or land, building, or ed | | | 31 | |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated in | come, or other funds | | 32 | |
| ž | 33 | Total net assets or fund balances | | 2,907,444. | 33 | 2,869,890. |
| | 34 | Total liabilities and net assets/fund balances . | | 2,909,989. | 34 | 2,931,028. |

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

| Pa | T XI Reconciliation of Net Assets | | | | | | |
|----|---|---------|-----|-------------|-----|-----|--|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | | |
| | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 1,32 | 8,1 | 36. | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 1,07 | 8,1 | 40. | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 24 | 9,9 | 96. | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 2,90 -28 | | | |
| 5 | Net unrealized gains (losses) on investments | | | | | | |
| 6 | Donated services and use of facilities | 6 | | | | | |
| 7 | Investment expenses | 7 | | | | | |
| 8 | Prior period adjustments | 8 | | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | | 0. | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | | | |
| | column (B)) 10 | | | | | | |
| Pa | t XII Financial Statements and Reporting | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | | |
| | | | | | 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 in Schedule | Ο. | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | Х | | |
| | 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: | | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | | | |
| | consolidated basis, or both: | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| 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 | | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sche | dule O. | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir | gle Auc | lit | | | | |
| | Act and OMB Circular A-133? | | | 3a | | X | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red aud | it | | | | |

Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

2018

Open to Public Inspection

Name of the organization

ISLAND HOSPITAL FOUNDATION

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

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

| | | | • | | | | | |
|------|-------|--|---|--|-------------------------------------|------------------|---------------------------------------|----------------------------|
| The | organ | ization is not a private found | ation because it is: (F | For lines 1 through 12, c | heck only | one box.) | | |
| 1 | | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). | | | | | | |
| 2 | | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) | | | | | | |
| 3 | | A hospital or a cooperative | hospital service orga | anization 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 | or the benefit of a col | lege or university owned | l or operate | ed by a go | vernmental unit describe | ed in |
| | | section 170(b)(1)(A)(iv). (C | Complete Part II.) | | | | | |
| 6 | | A federal, state, or local gov | | nental unit described in | section 17 | 70(b)(1)(A) | (v). | |
| 7 | X | An organization that normal | - | | | | | oublic described in |
| | | section 170(b)(1)(A)(vi). (Co | • | | · · | | | |
| 8 | | A community trust describe | - | 1)(A)(vi). (Complete Par | t II.) | | | |
| 9 | 一 | An agricultural research org | | | • | ed in coniu | inction with a land-grant | college |
| _ | | or university or a non-land-g | | | | - | _ | - |
| | | university: | , am conego or agrici | | | | , and class of the comego | |
| 10 | | An organization that normal | lly receives: (1) more | than 33 1/3% of its supp | oort from c | ontributio | ns. membership fees. an | d gross receipts from |
| | | activities related to its exem | | | | | | |
| | | income and unrelated busin | | • • | ` ' | | • • | • |
| | | See section 509(a)(2). (Cor | | (1000 000 110 110 110 110 110 110 110 11 | | | ou by the organization o | |
| 11 | | An organization organized a | • | vely to test for public sa | fety See | section 50 |)9(a)(4). | |
| 12 | Ħ | An organization organized a | • | • | • | | | nurnoses of one or |
| - | | more publicly supported org | • | • | - | | · · · · · · · · · · · · · · · · · · · | • |
| | | lines 12a through 12d that of | ~ | | | | | |
| а | | Type I. A supporting orga | • • | | | | , , | aivina |
| _ | | the supported organization | · · · · · · · · · · · · · · · · · · · | • | • | - | | |
| | | organization. You must c | | | inajonty o | inc ando | 1010 01 11001000 01 1110 00 | ipporting |
| b | | Type II. A supporting orga | - · · · · · · · · · · · · · · · · · · · | | ion with its | s sunnorte | d organization(s), by hav | rina |
| ~ | | control or management of | • | | | | | - |
| | | organization(s). You mus | | | arric perso | 110 11141 001 | nation of manage the supp | Jortod |
| С | | Type III functionally inte | - | | in connect | ion with a | and functionally integrate | d with |
| · | | its supported organization | - | | | | • • | a with, |
| d | | Type III non-functionally | | · | | | | ration(s) |
| u | | that is not functionally into | | | | | | |
| | | requirement (see instructi | - | | • | | =' | 101033 |
| е | | Check this box if the orga | • | • | • | | | |
| ٠ | | functionally integrated, or | | | | | Type i, Type ii, Type iii | |
| f | Ente | er the number of supported o | | | | | | |
| | | vide the following information | - | d organization(s) | | | | |
| 9 | | i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga in your governi | inization listed | (v) Amount of monetary | (vi) Amount of other |
| | | organization | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see instructions) | support (see instructions) |
| | | | | above (see instructions)) | | | | |
| | | | | | | | | |
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| Tota | al | | | | | | | |

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | ction A. Public Support | | | | | | |
|------|---|-----------------|-----------------|-----------|----------|-----------------|-----------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 476,276. | 432,765. | 804,452. | 1281214. | 1261108. | 4255815. |
| 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 | 476,276. | 432,765. | 804,452. | 1281214. | 1261108. | 4255815. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | 667,421. |
| | Public support. Subtract line 5 from line 4. | | | | | | 3588394. |
| | ction B. Total Support | | | | T | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 7 | Amounts from line 4 | 476,276. | 432,765. | 804,452. | 1281214. | 1261108. | 4255815. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 50,492. | 71,666. | 74,980. | 79,684. | 55,519. | 332,341. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | 4500456 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 4588156. |
| 12 | Gross receipts from related activities, | • | , | | | | ,364,347. |
| 13 | First five years. If the Form 990 is for | ~ | | | - | | |
| Sec | organization, check this box and stop ction C. Computation of Publi | c Support Per | centage | | | | . |
| | | | | olumn (f) | | 14 | 78.21 % |
| 14 | | | | | | 14 | <u> </u> |
| | | | | | | | |
| 10a | | | | | | | |
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| | , | | • | | • | | ´ ▶□ |
| 18 | | | | • | | | |
| 17a | 15 Public support percentage from 2017 Schedule A, Part II, line 14 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | | | | |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Se | ction A. Public Support | | , | | | | |
|---|--|----------|-----------------|-------------------|----------|-------------|----------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services 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 | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 78 | 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 | | | | | | |
| • | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ction B. Total Support | | T | T | 1 | 1 | Т |
| | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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 in line 10b, | | | | | | |
| | whether or not the business is | | | | | | |
| 10 | regularly carried on Other income. Do not include gain | | | | | | |
| 12 | or loss from the sale of capital | | | | | | |
| 40 | assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | Cont | | | - 504(-)(0) | |
| 14 | First five years. If the Form 990 is for | • | | | • | . , . , . | |
| Se | check this box and stop here ction C. Computation of Publi | | | | | | P |
| | Public support percentage for 2018 (I | | | column (f)) | | 15 | % |
| | Public support percentage from 2017 | | | | | 16 | <u>%</u> |
| | ction D. Computation of Inves | · | | | | 10 | 70 |
| | Investment income percentage for 20 | | | ne 13 column (f)) | | 17 | % |
| 18 | Investment income percentage from | | | | | 18 | / 6 |
| | a 33 1/3% support tests - 2018. If the | | | | | | |
| | more than 33 1/3%, check this box ar | | | | | | . — |
| ŀ | 33 1/3% support tests - 2017. If the | | | | | | |
| • | line 18 is not more than 33 1/3%, che | · · | | | | · | |
| 20 | Private foundation. If the organization | | | | | | |

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 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.)

| | | Vac | Nic |
|-----|----------|-------|------|
| | | Yes | No |
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| Par | t IV Supporting Organizations _(continued) | | | |
|------|---|----------|-----|-----|
| | · | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| Sect | tion B. Type I Supporting Organizations | | | |
| | · | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | _ | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| | 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. tion C. Type II Supporting Organizations | 2 | | |
| Ject | tion of Type it Supporting Organizations | | Vaa | Na |
| 4 | Wars a majority of the argenization's directors or trustees during the tax year also a majority of the directors | | Yes | No |
| | 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 | 1 | | |
| | the supported organization(s). tion 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 | | 100 | 110 |
| | 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 | | |
| | 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 | | |
| | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sect | tion 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). | | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr | uctions) | | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | 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. | 2a | | |
| | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b | | |
| | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

| Ра | rt V | Type III Non-Functionally Integrated 509(a)(3) Supporting | g Orgar | nizations | |
|--|-------|--|--------------|---------------------------------|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) | | | | Part VI.) See instructions. All | |
| | | other Type III non-functionally integrated supporting organizations must co | mplete Se | ections A through E. | |
| Sect | ion A | - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net: | short-term capital gain | 1 | | |
| 2 | Reco | overies of prior-year distributions | 2 | | |
| 3 | Othe | er gross income (see instructions) | 3 | | |
| 4 | Add | lines 1 through 3 | 4 | | |
| 5 | Depi | reciation and depletion | 5 | | |
| 6 | Porti | ion of operating expenses paid or incurred for production or | | | |
| | colle | ection of gross income or for management, conservation, or | | | |
| | | ntenance of property held for production of income (see instructions) | 6 | | |
| 7 | Othe | er expenses (see instructions) | 7 | | |
| 8 | Adju | isted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | | - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggı | regate fair market value of all non-exempt-use assets (see | | | |
| | instr | uctions for short tax year or assets held for part of year): | | | |
| а | Aver | age monthly value of securities | 1a | | |
| b | Aver | rage monthly cash balances | 1b | | |
| с | Fair | market value of other non-exempt-use assets | 1c | | |
| | | I (add lines 1a, 1b, and 1c) | 1d | | |
| е | Disc | count claimed for blockage or other | | | |
| | facto | ors (explain in detail in Part VI): | | | |
| 2 | Acqı | uisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subt | tract line 2 from line 1d | 3 | | |
| 4 | Cash | n deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| | see i | instructions) | 4 | | |
| 5 | Net | value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Mult | iply line 5 by .035 | 6 | | |
| 7 | Reco | overies of prior-year distributions | 7 | | |
| 8 | Mini | mum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C | - Distributable Amount | | | Current Year |
| 1 | Adju | sted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | | r 85% of line 1 | 2 | | |
| 3 | Mini | mum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | | r greater of line 2 or line 3 | 4 | | |
| 5 | | me tax imposed in prior year | 5 | | |
| 6 | | ributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | | rgency temporary reduction (see instructions) | 6 | | |
| 7 | | Check here if the current year is the organization's first as a non-functional | ly integrate | ed Type III supporting orga | anization (see |
| | | instructions). | | | , |

Schedule A (Form 990 or 990-EZ) 2018

| ı aı | Type in Non-Functionally integrated 509(| a)(3) Supporting Orga | (continued) | |
|-------|--|-------------------------------|--------------------------------|----------------------------------|
| Sect | ion D - Distributions | | · | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 8 | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | |
| | (provide details in Part VI). See instructions. | 5 | | |
| 9 | Distributable amount for 2018 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| | | (i) | (ii) | (iii) |
| Secti | ion E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2018 | Distributable Amount for 2018 |
| 1 | Distributable amount for 2018 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2018 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2018 | | | |
| а | From 2013 | | | |
| b | From 2014 | | | |
| С | From 2015 | | | |
| d | From 2016 | | | |
| е | From 2017 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2018 distributable amount | | | |
| | Carryover from 2013 not applied (see instructions) | | | |
| i | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2018 from Section D, | | | |
| | line 7: | | | |
| а | Applied to underdistributions of prior years | | | |
| | Applied to 2018 distributable amount | | | |
| | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2018, if | | | |
| - | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2018. Subtract lines 3h | | | |
| - | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2019. Add lines 3 | | | |
| • | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| | Excess from 2014 | | | |
| | | | | |
| | Excess from 2015 | | | |
| | Excess from 2016 | | | |
| | Excess from 2017 | | | |
| е | Excess from 2018 | | | |

Schedule A (Form 990 or 990-EZ) 2018

| Schedule A | (Form 990 or 990-EZ) 2018 ISLAND HOSPITAL | FOUNDATION | 91-1030686 Page 8 |
|------------|--|---|---|
| Part VI | Supplemental Information. Provide the explanate Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2 (See instructions.) | o, 9c, 11a, 11b, and 11c; Part IV, Section B, E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; | lines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V, |
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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

Name of the organization Employer identification number

ISLAND HOSPITAL FOUNDATION 91-1030686 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 or 990-EZ), 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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization Employer identification number

ISLAND HOSPITAL FOUNDATION

| Part 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 | |
| 1 | | \$\$ | Person X Payroll | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| 2 | | \$ 27,307. | 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 | | \$36,120. | Person X Payroll | |
| (a) | (b) | (c) | (d) | |
| No. 4 | Name, address, and ZIP + 4 | \$ 30,000. | Person X Payroll | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| 5 | | \$ 26,450. | 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 | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) | |

Name of organization Employer identification number

ISLAND HOSPITAL FOUNDATION

| Part 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 |
| 7 | | \$\$0,000. | 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 |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Person Payroll Complete Part II for noncash contributions. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization Employer identification number

ISLAND HOSPITAL FOUNDATION

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if a | dditional space is needed. | |
|------------------------------|---|---|---------------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | 000 000 FZ 000 PE\(0040\) |

Name of organization Employer identification number

| Name of or | gainzation | | Employer identification number | | | |
|---------------------------|--|----------------------|--|--|--|--|
| ISLANI | O HOSPITAL FOUNDATION | | 91-1030686 | | | |
| Part III | Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the y from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. | | | | | |
| (a) No. | ose duplicate copies of Part III II additionals | space is fleeded. | | | | |
| 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 | | | |
| - | Transferee's name, address, ar | (e) Transfer of gift | Relationship of transferor to transferee | | | |
| (a) No. | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
| Part I | | | | | | |
| | (e) Transfer of gift | | | | | |
| | Transferee's name, address, ar | 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 | I | | | |

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ISLAND HOSPITAL FOUNDATION

Employer identification number 91-1030686

| Pa | organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line | | Complete ii the |
|----|---|---|---|
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in w | vriting that the assets held in donor adv | vised funds |
| | are the organization's property, subject to the organization's e | exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor ac | dvisors in writing that grant funds can b | e used only |
| | for charitable purposes and not for the benefit of the donor or | donor advisor, or for any other purpos | e conferring |
| | | | |
| Pa | rt II Conservation Easements. Complete if the org | anization answered "Yes" on Form 990 |), Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | n (check all that apply). | |
| | Preservation of land for public use (e.g., recreation or ed | ducation) Preservation of a h | istorically important land area |
| | Protection of natural habitat | Preservation of a c | ertified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualific | ed conservation contribution in the for | m of a conservation 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 | | | |
| С | Number of conservation easements on a certified historic stru | cture included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired at | fter 7/25/06, and not on a historic struc | cture |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or terminated by t | he organization during the tax |
| | year ▶ | | |
| 4 | Number of states where property subject to conservation ease | ement is located | _ |
| 5 | Does the organization have a written policy regarding the period | odic monitoring, inspection, handling o | |
| | violations, and enforcement of the conservation easements it | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | nandling of violations, and enforcing co | nservation easements during the year |
| | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handl | ling of violations, and enforcing conser- | vation easements during the year |
| | > \$ | | |
| 8 | Does each conservation easement reported on line 2(d) above | • | |
| | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservation | • | · · |
| | include, if applicable, the text of the footnote to the organization | on's financial statements that describe | s the organization's accounting for |
| Da | conservation easements. | Aut Historical Transcures or (| Other Cimilar Assets |
| Pa | rt III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form | | Julei Sillilai Assets. |
| 12 | If the organization elected, as permitted under SFAS 116 (ASC | | oment and balance sheet works of art |
| ıa | historical treasures, or other similar assets held for public exhi | • | |
| | the text of the footnote to its financial statements that describ | , | rance of public service, provide, in Fart Alli, |
| h | If the organization elected, as permitted under SFAS 116 (ASC | | ent and halance shoot works of art, historical |
| b | treasures, or other similar assets held for public exhibition, ed | • | · |
| | • | ucation, or research in furtherance of p | dunc service, provide the following amounts |
| | relating to these items: | | • |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | |
| ^ | | or other similar assets for financial | |
| 2 | If the organization received or held works of art, historical trea | | ciai gain, provide |
| _ | the following amounts required to be reported under SFAS 11 | · · · · · · · · · · · · · · · · · · · | • • |
| a | Revenue included on Form 990, Part VIII, line 1 | | |
| | | | |

| Sche | | HOSPITAL FO | | | | | 91-10 | 30686 | Pa | age 2 | |
|----------|--|-------------------------------|-------------------------|------------------------|------------------|------------------|---------------|-------------|------|----------|--|
| Pai | t III Organizations Maintaining C | ollections of Art | , Historical Tre | asures, or Othe | r Siı | mila | r Assets | (continu | ıed) | | |
| 3 | Using the organization's acquisition, accession | on, and other records | s, check any of the f | ollowing that are a s | ignific | cant u | ise of its c | ollection i | tems | | |
| | (check all that apply): | | | | | | | | | | |
| а | Public exhibition | d | Loan or excl | nange programs | | | | | | | |
| b | Scholarly research | е | Other | | | | | | | | |
| С | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explain | how they further th | e organization's exe | mpt p | ourpo | se in Part | XIII. | | | |
| 5 | | | | | | | | | | | |
| | to be sold to raise funds rather than to be ma | | | | | | | Yes | | No | |
| Par | t IV Escrow and Custodial Arrang | | ete if the organization | n answered "Yes" or | n Forr | m 990 |), Part IV, I | ine 9, or | | | |
| | reported an amount on Form 990, Par | | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermedi | ary for contributions | or other assets not | inclu | ded | | _ | | _ | |
| | on Form 990, Part X? | | | | | | | Yes | | No | |
| b | If "Yes," explain the arrangement in Part XIII | and complete the foll | owing table: | | _ | | | | | | |
| | | | | | L | | | Amount | | | |
| С | Beginning balance | | | | | 1c | | | | | |
| d | Additions during the year | | | | | 1d | | | | | |
| е | Distributions during the year | | | | | 1e | | | | | |
| f | Ending balance | | | | | 1f | | | | | |
| | Did the organization include an amount on Fo | | • | | • | | L | Yes | | No | |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | | |
| Pai | t V Endowment Funds. Complete i | | | | | | | | | | |
| | | (a) Current year | (b) Prior year | (c) Two years back | (d) [⊺] | | ears back | (e) Four | | | |
| | Beginning of year balance | 2,552,097. | 2,255,536. | 2,081,962. | | 2,1 | 45,881. | | | 403. | |
| | Contributions | | | | | | | | | 090. | |
| | Net investment earnings, gains, and losses | -179,108. | 304,829. | 170,272. | | - | 41,099. | 87,727. | | 727. | |
| | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | 8,055. | 8,268. | -3,302. | | | 8,220. | | 40, | 339. | |
| | Administrative expenses | 16,308. | | | | | 14,600. | | | | |
| g | End of year balance | 2,348,626. | 2,552,097. | 2,255,536. | | 2,0 | 81,962. | 2, | 145, | 881. | |
| 2 | Provide the estimated percentage of the curr | • | |) held as: | | | | | | | |
| | Board designated or quasi-endowment | 91.50 | _% | | | | | | | | |
| | Permanent endowment ► 8.50 | % | | | | | | | | | |
| С | Temporarily restricted endowment | % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c short | • | | | | | | | | | |
| За | Are there endowment funds not in the posses | ssion of the organiza | tion that are held an | d administered for the | he or | ganız | ation | Г. | . 1 | | |
| | by: | | | | | | | | Yes | No_ | |
| | (i) unrelated organizations | | | | | | | 3a(i) | | <u>X</u> | |
| | (ii) related organizations | | | | | | | 3a(ii) | | | |
| _ | If "Yes" on line 3a(ii), are the related organiza | | | | | | | 3b | | | |
| 4 Par | Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm | | vment funds. | | | | | | | | |
| ı uı | | | Dort IV line 11e S | oo Form 000 Port V | lino | 10 | | | | | |
| | Complete if the organization answered | | | | | | -d | (d) Dool: | vel. | | |
| | Description of property | (a) Cost or of basis (investm | , , , , , , | 1 ' ' | | nulate iation | l l | (d) Book | valu | e | |
| 1- | Land | ` ` | ioni, basis | (Strict) de | - Pi CC | | | | | | |
| | Land | | | | | | | | | | |
| | Buildings | | | | | | | | | | |
| | | | | | | | | | | | |
| u | Equipment | | | | | | | | | | |

Schedule D (Form 990) 2018

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

| | ITAL FOUNDATI | ON 9 | 1-1030686 Page |
|--|----------------|-------------------------------------|--------------------------|
| Part VII Investments - Other Securities. | | | |
| Complete if the organization answered "Yes" of | | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or e | end-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely-held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or e | end-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" of | | 11d. See Form 990, Part X, line 15. | |
| (a) | Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990. Part X. col. (B) line | 15.) | | > |
| Part X Other Liabilities. | | | |

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. | (a) Description of liability | (b) Book value |
|--------|---|----------------|
| (1) | Federal income taxes | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. | (Column (b) must equal Form 990. Part X. col. (B) line 25.) | |

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

| Schedule D (Form 990) 2018 ISLAND HOSPITAL FOUNI | DATION | 91- | 1030686 | Page 4 |
|---|---|--|-------------------|------------|
| Part XI Reconciliation of Revenue per Audited Financial | Statements With Revenue per F | Return. | | |
| Complete if the organization answered "Yes" on Form 990, Part | IV, line 12a. | | | |
| 1 Total revenue, gains, and other support per audited financial statement | s | . 1 | 1,333, | 076. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 1 1 | | | |
| a Net unrealized gains (losses) on investments | | <u>-</u> | | |
| b Donated services and use of facilities | | <u>-</u> | | |
| c Recoveries of prior year grants | | _ | | |
| d Other (Describe in Part XIII.) | 2d | | 1.45 | 604 |
| e Add lines 2a through 2d | | | -147, | 604. |
| 3 Subtract line 2e from line 1 | | 3 | 1,480, | 680. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1. 1 16 209 | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 160 050 | \vdash | | |
| b Other (Describe in Part XIII.) | <u></u> | | _152 | 511 |
| c Add lines 4a and 4b | | 4c 5 | -152, 1,328, | 136 |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line Part XII Reconciliation of Expenses per Audited Financia | e (2.) I Statements With Expenses pe | | | 130. |
| Complete if the organization answered "Yes" on Form 990, Part | • | | | |
| Total expenses and losses per audited financial statements | | 1 | 1,370, | 630. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | ,_, | |
| a Donated services and use of facilities | 2a 139,946 | | | |
| b Prior year adjustments | | | | |
| c Other losses | | | | |
| d Other (Describe in Part XIII.) | 1.00 050 | | | |
| e Add lines 2a through 2d | · · · · · · · · · · · · · · · · · · · | 2e | 308, | 798. |
| 3 Subtract line 2e from line 1 | | | 1,061, | 832. |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a 16,308 | <u>. </u> | | |
| b Other (Describe in Part XIII.) | 4b | | | |
| c Add lines 4a and 4b | | | 16, | 308. |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I.) | ine 18.) | . 5 | 1,078, | 140. |
| Part XIII Supplemental Information. | | | | _ |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a | | e 4; Part | X, line 2; Part X | I, |
| lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov | de any additional information. | | | |
| | | | | |
| PART X, LINE 2: | | | | |
| IIIII II, IIIII II. | | | | |
| THE FOUNDATION HAS EVALUATED UNCERTAIN | TAX POSITIONS WHEREBY | THE | EFFECT | OF |
| | | | | |
| THE UNCERTAINTY WOULD BE RECORDED IF THE | E OUTCOME WAS CONSIDE | ERED | PROBABLE | } |
| | | | | |
| AND WAS REASONABLY ESTIMABLE. AS OF DE | CEMBER 31, 2018 AND 2 | <u>2017,</u> | THE | |
| | | | | |
| FOUNDATION HAS NOT IDENTIFIED ANY UNCER | TAIN TAX POSITIONS RE | EQUIR | ING | |
| | | | | |
| ACCRUAL OR DISCLOSURE. | | | | |
| | | | | |
| | | | | |
| PART XI, LINE 4B - OTHER ADJUSTMENTS: | | | | |
| IMI AI, BING 4D OHIDK ADOODINGNID. | | | | |
| FUNDRAISING EVENT EXPENSES | | | -168,8 | 52. |
| | | | | |
| | | | | |
| | | | | |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | | | | |
| | | | 466 - | |
| FUNDRAISING EVENT EXPENSES | | | 168,8 | <u>52.</u> |

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

ISLAND HOSPITAL FOUNDATION 91-1030686 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2018 ISLAND HOSPITAL FOUNDATION 91-1030686 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through GALA col. (c)) (event type) (event type) (total number) 602,092. 602,092. 1 Gross receipts 477,166. 477,166. 2 Less: Contributions 124,926. 3 Gross income (line 1 minus line 2) 124,926. 4 Cash prizes 3,394. 3,394. 5 Noncash prizes Direct Expenses 6 Rent/facility costs 13,426. 13,426. 54,101. 54,101. 7 Food and beverages 8 Entertainment 97,931. 97,931. 9 Other direct expenses 168,852. **10** Direct expense summary. Add lines 4 through 9 in column (d) -43,926. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

| Sch | edule G (Form 990 or 990-EZ) 2018 ISLAND HOSPITAL FOUNDATION 91-1 | <u>. U 3 U</u> | 000 | Page 3 |
|-----|---|----------------|----------|------------------|
| | Does the organization conduct gaming activities with nonmembers? | | Yes | O No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | | |
| | to administer charitable gaming? | | Yes | O No |
| 13 | Indicate the percentage of gaming activity conducted in: | | | |
| а | The organization's facility | 13a | | % |
| b | An outside facility | 13b | | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | |
| | Name | | | |
| | Address | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | . 🗀 | Yes | ☐ No |
| b | olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount | | | |
| | of gaming revenue retained by the third party > \$ | | | |
| С | If "Yes," enter name and address of the third party: | | | |
| | Name | | | |
| | Address | | | |
| 16 | Gaming manager information: | | | |
| | Name | | | |
| | Gaming manager compensation > \$ | | | |
| | | | | |
| | Description of services provided | | | |
| | | | | |
| | | | | |
| | Director/officer Employee Independent contractor | | | |
| 17 | Mandatory distributions: | | | |
| | s the organization required under state law to make charitable distributions from the gaming proceeds to | | | |
| а | | | Yes | ☐ No |
| h | retain the state gaming license? | ш | 163 | 140 |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | | |
| Pa | organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV | + 111 liv | 200 0 1 | 0h 10h |
| . u | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | . 111, 111 | 165 9, 1 | <i>3</i> 0, 100, |
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| Schedule G | G (Form 990 or 990-EZ) | ISLAND HOSPITAL | FOUNDATION | 91-1030686 | Page 4 |
|------------|--|--------------------|------------|------------|--------|
| Part IV | G (Form 990 or 990-EZ) Supplemental Infor | mation (continued) | | | |
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2018)

| | SPITAL FO | UNDATION | | | | | 91-103068 | 6 |
|--|-----------------------------------|------------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|----|
| Part I General Information on Grants a | nd Assistance | | | | | | | |
| 1 Does the organization maintain records | to substantiate the | amount of the grants | or assistance, the | grantees' eligibility | for the grants or assi | stance, and the selection | | |
| criteria used to award the grants or assis | stance? | | | | | | Yes X | No |
| 2 Describe in Part IV the organization's pro | ocedures for monit | oring the use of grant | funds in the United | l States. | | | | |
| Part II Grants and Other Assistance to | _ | | | | anization answered "\ | es" on Form 990, Part | IV, line 21, for any | |
| recipient that received more than S | 1 | 1 | | i e | (f) Method of | Т | | |
| Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance | |
| SKAGIT COUNTY PUBLIC HOSPITAL | | | | | | | | |
| DISTRICT NO 2 (DBA ISLAND | | | | | | | | |
| HOSPITAL) - 1211 24TH STREET - | | | | | | | | |
| ANACORTES, WA 98221 | 91-0729255 | ISLAND HOSPITAL | 947,796. | 0. | | | SUPPORT OF HOSPITAL | |
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| | | | | | | | | |
| 2 Enter total number of section 501(c)(3) a | - | | e line 1 table | | | | > | 1. |
| 3 Enter total number of other organizations | s listed in the line ¹ | table | | | | | | |

832101 11-02-18

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

| 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 | | |
| | | | | | | | |
| ONCOLOGY GRANTS | 115 | 10,323. | 0. | | | | |
| | | | | | | | |
| SCHOLARSHIPS | 2 | 3,000. | 0. | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| Part IV Supplemental Information. Provide the information req | uired in Part I, lin | e 2; Part III, column | (b); and any other ac | dditional information. | | | |
| PART I, LINE 2: | | | | | | | |
| COMMON EXECUTIVE MANAGEMENT ENSURE | THAT ALL | FUNDS TRA | NSFERRED T | O ISLAND | | | |
| HOSPITAL ARE USED FOR INTENDED PURI | POSES. F | OUNDATION | AND HOSPIT | AL LEADERS | | | |
| MET REGULARLY WITH THE ANACORTES SO | CHOOL DIS | TRICT TO D | SCUSS PRO | GRESS IN | | | |
| THEIR MENTAL HEALTH PROGRAMS, DURIN | NG WHICH | THE FOUNDA | TION ENSUR | ED THAT THE | | | |
| FUNDS WERE USED FOR APPROPRIATE PUR | RPOSES. | INDIVIDUAL | S RECEIVIN | G ONCOLOGY | | | |
| GRANTS PROVIDE RECEIPTS SHOWING QUA | ALIFIED E | XPENSES AN | ID ARE REIM | BURSED. | | | |
| CCUOLADOUTD FINNS ADE CIVEN DIDECTI | יע ייט ייט די | עווחדעדחווא | יוים פרשטטז. | | | | |

SCHEDULE J (Form 990)

Compensation Information

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

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

Open to Public

Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

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

ISLAND HOSPITAL FOUNDATION

Questions Regarding Compensation

Employer identification number 91-1030686

| | | | Yes | No |
|------------|---|----|-----|----|
| 1 a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | |
| | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| | | | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | Compensation committee Written employment contract | | | |
| | Independent compensation consultant Compensation survey or study | | | |
| | Form 990 of other organizations Approval by the board or compensation committee | | | |
| | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | | | |
| | Receive a severance payment or change-of-control payment? | 4a | | X |
| | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | X |
| С | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | X |
| | 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 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | | | Х |
| a | The organization? | 5a | | X |
| D | Any related organization? | 5b | | |
| • | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of: | 6a | | Х |
| a h | The organization? | 6b | | X |
| D | Any related organization? If "Yes" on line 6a or 6b, describe in Part III. | UD | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | |
| • | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | х |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | |
| J | initial content conserved described in Developing or of the FO 4050 4(-)/000 If IIV and a continuing Developing | 8 | | х |
| 9 | Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | j | | |
| ٠ | Regulations section 53.4958-6(c)? | 9 | | |

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

Schedule J (Form 990) 2018

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.

| (A) Name and Title | | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns | (F) Compensation in column (B) |
|-----------------------|-------------|--------------------------|-------------------------------------|-------------------------------------|-----------------------------------|-------------------------|----------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | perients | (B)(i)-(D) | reported as deferred on prior Form 990 |
| (1) KATHLEEN GARDE MD | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| DIRECTOR | (ii) | 463,586. | 0. | 966. | 17,875. | 20,237. | 502,664. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| _ | (ii) | | | | | | | |
| | (i) (ii) | | | | | | | |
| - | (i) | | | | | | | |
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| Part III Supplemental Information |
|--|
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |
| PART I, LINE 3 |
| THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY ISLAND HOSPITAL. |
| THE FOLLOWING WERE USED BY ISLAND HOSPITAL IN SETTING THE EXECUTIVE |
| DIRECTOR'S COMPENSATION: 1. FORM 990 OF OTHER ORGANIZATIONS; 2. |
| WRITTEN EMPLOYMENT CONTRACT; 3. COMPENSATION SURVEY OR STUDY. |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ 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.

ISLAND HOSPITAL FOUNDATION

Employer identification number 91-1030686

| Pai | rt I Types of Property | | | | | | | |
|-----|---|-------------------------------|---|--|---|----------|--------|------|
| | · | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1 | (d) Method of de noncash contribu | etermini | _ | 3 |
| 1 | Art - Works of art | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | | | | | | | | |
| | Securities - Publicly traded | | | | | | | |
| 10 | Securities - Closely held stock | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | |
| 40 | trust interests | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | |
| | Historic structures | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | | |
| 15 | Real estate - Residential | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | |
| 17 | Real estate - Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other \blacktriangleright (IN-KIND GIFTS) | X | 0 | 65,582 | . DONOR DETER | MINE | ED | |
| 26 | Other | | | | | | | |
| 27 | Other | | | | | | | |
| 28 | Other (| | | | | | | |
| 29 | Number of Forms 8283 received by the organization | zation during | the tax year for c | ontributions | | | | |
| | for which the organization completed Form 82 | 83, Part IV, [| Donee Acknowledg | gement 29 | | | | |
| | | | | | | | Yes | No |
| 30a | During the year, did the organization receive by | y contributio | n any property rep | orted in Part I, lines 1 thro | ugh 28, that it | | | |
| | must hold for at least three years from the date | of the initia | l contribution, and | which isn't required to be | used for | | | |
| | exempt purposes for the entire holding period? | ? | | | | 30a | | X |
| b | If "Yes," describe the arrangement in Part II. | | | | | | | |
| 31 | Does the organization have a gift acceptance p | oolicy that re | equires the review | of any nonstandard contrib | outions? | 31 | | Х |
| 32a | 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash | | | | *************************************** | | | |
| | contributions? | | • | | | 32a | | X |
| b | If "Yes," describe in Part II. | | | | | | | |
| 33 | If the organization didn't report an amount in c | olumn (c) fo | r a type of property | for which column (a) is ch | ecked, | | | |
| - | describe in Part II. | (-) |), E E 0) | (2) 10 01 | | | | |
| LHA | For Paperwork Reduction Act Notice, see | the Instruct | tions for Form 990 |). | Schedule N | /I (Form | 1 990) | 2018 |

| Schedule M | (Form 990) 2018 | ISLAND | HOSPITAL | FOUNDATION | 91-1030686 | Page 2 |
|------------|--|--|----------------------------|---|------------------------------|--------|
| Part II | Supplementa | Informatio | n. Provide the ir | nformation required by Part I, lines 30b, 32b, and antibutions, the number of items received, or a co | 33, and whether the organiza | tion |
| | is reporting in Par this part for any a | t I, column (b), i dditional inform | the number of co ation. | ntributions, the number of items received, or a co | mbination of both. Also comp | olete |
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SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

18 **Open to Public**

OMB No. 1545-0047

Inspection

Name of the organization

ISLAND HOSPITAL FOUNDATION

Employer identification number 91-1030686

| HODIN OOO DADE TIT TIME 4A DROCKAN GERMAGE AGGONDI TGUNENEG |
|--|
| FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: |
| FUNDRAISING. THE ISLAND HOSPITAL FOUNDATION PROVIDES FUNDING FOR |
| COMMITMENTS TO THE HOSPITAL THAT INCLUDE THE HEALTH RESOURCE CENTER, |
| FREE AND LOW COST COMMUNITY HEALTH SCREENINGS, DIRECT CLINIC SUPPORT, |
| MENTAL HEALTH COUNSELING THROUGH THE MENTAL HEALTH INTERVENTION SCHOOL |
| PROGRAM, THE CHAPLAIN PROGRAM, AND PATIENT PROGRAMS INCLUDED MEDICAL |
| RELIEF, ONCOLOGY RELIEF AND ONCOLOGY LODGING ASSISTANCE. NEW |
| TECHNOLOGY EQUIPMENT ALONG WITH OTHER NEEDS ARE ALSO PROVIDED FOR AS |
| THEY ARISE THROUGH THE YEAR. ADDITIONALLY, ISLAND HOSPITAL FOUNDATION |
| PROVIDES FUNDING FOR HOSPITAL RENOVATION AND EXPANSION COSTS NOT MET BY |
| TAX REVENUE. THIS INCLUDES THE MEDICAL ARTS PAVILION HOUSING CANCER |
| CARE, PHYSICAL/OCCUPATIONAL/SPEECH THERAPY AND WOUND CARE. |
| |
| FORM 990, PART VI, SECTION B, LINE 11B: |
| |
| THE FINANCE COMMITTEE REVIEWED THE FULL FORM 990, INCLUDING DISCLOSURES. |
| PRIOR TO FILING. |
| |
| FORM 990, PART VI, SECTION B, LINE 12C: |
| EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF THE COMMITTEE WITH BOARD |
| |

DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS IHF IS A CHARITABLE ORGANIZATION AND IN ORDER TO MAINTAIN ITS FEDERAL TAX-EXEMPT STATUS MUST ENGAGE IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES EACH VOTING MEMBER OF THE BOARD SHALL

| ISLAND HOSPITAL FOUNDATION | 91-1030686 |
|--|-------------------|
| ANNUALLY SIGN A STATEMENT WHICH DECLARES WHETHER SUCH PERS | ON IS AN |
| INDEPENDENT DIRECTOR IF AT ANY TIME DURING THE YEAR, THE I | NFORMATION IN THE |
| ANNUAL STATEMENT CHANGES MATERIALLY, THE DIRECTOR SHALL DI | SCLOSE SUCH |
| CHANGES AND REVISE THE ANNUAL DISCLOSURE FORM THE EXECUTIV | E COMMITTEE SHALL |
| REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE COMPLIANCE | WITH THIS POLICY |
| BY REVIEWING ANNUAL STATEMENTS AND TAKING SUCH OTHER ACTIO | NS AS ARE |
| NECESSARY FOR EFFECTIVE OVERSIGHT. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 15: | |
| THE FOUNDATION HAS NO COMPENSATED EMPLOYEES | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTERE | ST POLICY AND |
| FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. | |
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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.

ISLAND HOSPITAL FOUNDATION

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

91-1030686

| Part I Identification of Disregarded Entities. Comple | ete if the organization answered " | Yes" on Form 990, Part IV, line 3 | 3. | | | | | |
|---|------------------------------------|---|-------------------------------|--|---------|---------------------------------|------|-------------------------------------|
| (a) Name, address, and EIN (if applicable) of disregarded entity | | | (d) Total inco | me End-of-yea | | (f) Direct controlling entity | | g |
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| Part II Identification of Related Tax-Exempt Organizations during the tax year. | cations. Complete if the organizat | tion answered "Yes" on Form 990 |), Part IV, line 34, k | pecause it had one | or more | related tax-exer | mpt | |
| (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) et controlling entity | cont | g) 512(b)(13) rolled tity? |
| SKAGIT COUNTY PUBLIC HOSPITAL DIST #2 (DBA ISLAND HOSPITAL) - 91-0729255, 1211 24TH STREET, ANACORTES, WA 98221 | HEALTH CARE | WASHINGTON | 115(1) | 221(4)(4)) | N/A | | Yes | No X |
| | | | | | | | | 21 |
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Page 2

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

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (t | | (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 sections 512-514) | Share of total income | Share of end-of-year assets | Disprop | ortionate tions? | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | managing partner? | | Percentage ownership | |
| | | country) | | sections 512-514) | | | Yes | No | K-1 (Form 1065) | Yes | No | | |
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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) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | Sec | i) ction |
|--|------------------|--|---------------------------|---|-----------------------|-----------------------------------|-------------------------|-----|-----------------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign country) | Direct controlling entity | Type of entity (C corp, S corp, or trust) | Share of total income | Share of end-of-year assets | Percentage ownership | | tion b)(13) rolled tity? |
| | | Courtry) | | | | | | Yes | No |
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Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

| b | Gift, grant, or capital contribution to related organization(s) | | | | 1b | Х | |
|--|--|--|--|----------|----------|--------|----------|
| С | Gift, grant, or capital contribution from related organization(s) | | | | 1c | | X |
| | | | | | 1d | | X |
| е | Loans or loan guarantees by related organization(s) | | | | 1e | | X |
| | | | | | | | |
| f | Dividends from related organization(s) | | | | 1f | | X |
| | | | | | 1g | | X |
| h | Purchase of assets from related organization(s) | | | | 1h | | X |
| i | Exchange of assets with related organization(s) | | | | 1i | | X |
| j | Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j | | <u>X</u> |
| | | | | | | | 77 |
| | | | | | 1k | 37 | <u>X</u> |
| | - | | | | 11 | X | |
| | · · · · · · · · · · · · · · · · · · · | | | | 1m 1n | X | |
| b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees by related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) p Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations for related organization(s) s Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid to related organization(s) for expenses f Other transfer of cash or property to related organization(s) 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. (b) Name of related organization Method of determining amount in type (k-s) (c) Amount involved Method of determining amount in type (k-s) | | | | | | | |
| 0 | Sharing of paid employees with related organization(s) | | | | 10 | X | |
| _ | Deinele, we are set a siglite valeted averagination (a) for a very | | | | 4 | | X |
| | | | | | 1p | | X |
| q | Reimbursement paid by related organization(s) for expenses | | | | 1q | | |
| _ | Other transfer of each or property to related erganization(a) | | | | 4 | | X |
| | | | | | 1r 1s | | X |
| | · · · · · · · · · · · · · · · · · · · | | | | 15 | | |
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| | (a) Name of related organization | | | | volved | | |
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| (6) | | | | | | | |
| 332163 | 10-02-18 | | | Schedule | R (Forr | n 990) | 2018 |

Page 4

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) | Are all partners sec 501(c)(3) orgs.? | (g) Share of end-of-year assets | Disprition allocat | opor- late tions? | General manage partne | (k) Percentage ownership |
|--|--------------------------------|---|---|---------------------------------------|--|--------------------|-------------------------|-----------------------|--------------------------|
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